

[Recommended: Insert letterhead here]

Notice of Continuing Investigation

Date: [Date]

To: [Name of injured employee or potential beneficiary]
[Address]
[City, state, ZIP]

Re: Date of injury: [Date of injury]
Nature of injury: [Nature of injury]
Part of body injured: [Part of body injured]
Employee Social Security number: [Employee Social Security number]
DWC claim #: [DWC claim #]
Insurance carrier/TPA name: [Insurance carrier/TPA name]
Insurance carrier claim #: [Insurance carrier claim #]
Employer name: [Employer name]
Employer address, city, state, ZIP: [Employer address, city, state, ZIP]

We, [Name of insurance carrier], received your workers' compensation claim, and we are investigating.

We are sending you this notice because your claim may qualify for a presumption under Texas Government Code Chapter 607, Subchapter B. So far, we have taken these steps to investigate your claim:

We need more information to decide if we are going to pay you income or medical benefits.

If you have any of this information, we need it from you by [Due date].

[List all information or documents the insurance carrier believes it needs from the injured employee to continue and complete its investigation. Add more lines as necessary.]

Information needed from the injured employee:

- _____
- _____



[List all information or documents the insurance carrier believes it needs from other sources to continue and complete its investigation. Add more lines as necessary.]

Information needed from other sources (injured employee does not have to gather this information):

- _____
- _____

By law, we must make a decision on your claim by the 60th day after we get written notice of your injury. If you cannot or do not send the information we are asking for by the due date, we may have to make a final decision on whether to pay benefits on your claim without that information.

Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) are unable to send the information by the due date.

Adjuster's name: _____

Phone (toll-free): _____

Fax/email: _____

If you would like to get letters by fax or email, send your fax number or email address to me.

If we are not able to resolve an issue after you contact me:

Call the Texas Department of Insurance, Division of Workers' Compensation (DWC) at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time.

Making a false workers' compensation claim is a crime that may result in fines or going to prison.

We sent a copy of this letter to:



Instructions to the insurance carrier:

Notice of Continuing Investigation (PLN-14) 28 Texas Administrative Code (TAC) Section §124.2

An insurance carrier must use this notice to notify an injured employee or beneficiary and DWC that the insurance carrier still needs to investigate whether the claim qualifies for a statutory presumption under Government Code Chapter 607, Subchapter B and whether the insurance carrier is going to pay income or medical benefits on an injured employee's claim. You may need some of that information from the injured employee or beneficiary.

This notice only applies to a written notice of injury for a disease or illness identified by Government Code Chapter 607, Subchapter B, which only includes claims by firefighters, emergency medical technicians (EMTs), and peace officers defined under Code of Criminal Procedure Article 2.12. The presumption under §607.0545 also applies to detention officers and custodial officers. The diseases or illnesses identified under Subchapter B are in the following sections:

- 607.053, relating to reactions from immunizations for smallpox or other diseases; smallpox;
- 607.054, relating to tuberculosis or other respiratory illness;
- 607.0545, relating to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or coronavirus disease 2019 (COVID-19);
- 607.055, relating to cancer (firefighters and EMTs only); and
- 607.056, relating to acute myocardial infarction or stroke.

The insurance carrier must:

- Provide this notice to the injured employee or their representative, DWC, and the beneficiaries or their representatives (if applicable).
- Include a detailed description of the steps you've taken so far to investigate the injured employee's claim.
- Clearly list the information needed to complete the investigation.
- Continue to take reasonable steps to get claim-specific evidence and documentation necessary to complete the investigation of the claim.

The Notice of Continuing Investigation is not considered complete until DWC receives a copy of this notice and the electronic filing.

What information should the insurance carrier ask from the injured employee?	
Do	Don't
Ask for claim-specific information, like a medical release, you were not able to get through your investigation.	Make generic requests for the injured employee's entire medical records or ask for information already in your possession.
Ask for information that you reasonably believe is both relevant and necessary to complete your investigation.	Ask the injured employee to undergo additional diagnostic testing, provide mental health records, or provide records that are not directly related to either the disease or illness or eligibility of a statutory presumption.
Ask for information that you reasonably believe is in the exclusive possession of the injured employee or beneficiary, or you can only get from the injured employee or beneficiary.	Ask for information that will require the injured employee or beneficiary to get the requested information from different sources if you are also able to get the information yourself.

Use of Plain Language

Information sent to injured employees must be written in plain language. Along with clear writing, it is helpful to the reader when information is in a clean, easy-to-read format. Using easy-to-understand words and clean formatting might increase the length of your letter, but it also might greatly reduce customer service calls.

Format requirements

- Must use font size of 12-point or larger (28 TAC Section 124.2(s)).

Format recommendations

- **Print only information that applies to the reader:** Remove the section "Instructions to the insurance carrier."
- **Choose a clean font style:** Fonts like Segoe, Verdana, and Times New Roman are known to be the easiest to read.
- **Avoid italics and underlines:** If you want to emphasize text, it's often better to use bold or a bigger font size.
- **Use sufficient and consistent spacing:** DWC suggests using 6 pts between paragraphs and bullets and 12 pts between sections.
- **Write short paragraphs:** It is helpful to the reader when the information is in a clean, easy-to-read format.

- **Minimize abbreviations:** Abbreviations create confusion. But if using abbreviations, spell out the full name or phrase the first time you use it and put the abbreviation in parentheses after it.
- **Letterhead:** Use the insurance carrier's letterhead.

File the appropriate electronic data interchange transaction with DWC and send this notice to DWC.

DRAFT