

Sample Request to Reprocess a SARS-CoV-2 or COVID-19 Claim for an Injured Employee Covered under Texas Government Code Section 607.0545

Send this request to the insurance carrier handling the claim.

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| I am the: | | injured employee |
| | | injured employee's beneficiary |
| | | injured employee's representative or attorney |

Part 1: Injured employee information

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|---|---|
| 1. Employee's name (first, middle, last) | 2. Social Security number (last four digits) XXX-XX- |
| 3. DWC claim number (optional) | 4. Date of injury (mm/dd/yyyy) |
| 5. Address (street or PO box, city, state, ZIP code) | 6. Occupation |
| 7. Phone number () | 8. Email (optional) |
| 9. Attorney or representative's name (if applicable) | 10. Attorney or representative's address (street or PO box, city, state, ZIP code) |

Part 2: Employer information (at the time of the injury)

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| 11. Employer's name | 12. Address (street or PO box, city, state, ZIP code) |
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Part 3: Insurance carrier information

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| 13. Insurance carrier's name | 14. Insurance carrier claim number |
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Part 4: Requester information

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| <p>I certify that I am authorized to submit this request to reprocess a COVID-19 claim under Texas Government Code Section 607.0545 and that all the information on this written request is true and correct.</p> <p>15. Signature _____</p> |
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|------------------------------------|------------------------------|
| 16. Printed name | 17. Date of signature |
| 18. Phone number () | 19. Email |

FAQ

Sample Request to Reprocess a SARS-CoV-2 or COVID-19 Claim for an Injured Employee Covered under Texas Government Code Section 607.0545

Who may request reprocessing of their SARS-CoV-2 or COVID-19 claim?

Employees listed in Texas Government Code Section 607.0545, including detention officers, custodial officers, firefighters, peace officers, emergency medical technicians, and their beneficiaries may request reprocessing of their severe acute respiratory coronavirus 2 (SARS-CoV-2) or coronavirus disease 2019 (COVID-19) claim. A recent change in law under Senate Bill (SB) 22 (87th Legislature, Regular Session, 2021) allows injured employees or their beneficiaries to ask the insurance carrier in writing to take another look at their previously denied claim to see if it will pay income or medical benefits. The claim must have been originally filed on or after March 13, 2020, but before June 14, 2021. You must file your request to reprocess a claim with the insurance carrier no later than June 14, 2022.

Do I have to use this form?

No. You can ask the insurance carrier to reprocess the claim in any written form. You are not required to use this form to ask the insurance carrier to take another look at the claim.

Who do I send the request to?

Send your request to the insurance carrier handling the claim. **Do not** send the request to the Texas Department of Insurance, Division of Workers' Compensation (DWC).

What happens after I send the request?

The insurance carrier must reprocess the claim within 60 days after receiving a written request. The insurance carrier must also send the injured employee or beneficiary and DWC a written notice stating whether it will accept or deny the claim. The notice will also have instructions on how to dispute a denied claim.

Is there anything else I need to do?

If you are a beneficiary of an injured employee who died as a result of SARS-CoV-2 or COVID-19, the one-year time frame to let the insurance carrier know you are a beneficiary is waived. You must fill out a DWC Form-042, *Claim for Workers' Compensation Death Benefits* in addition to requesting that the claim be reprocessed if you have not already been identified as a legal beneficiary. You can find the form at:

<https://www.tdi.texas.gov/forms/dwc/dwc042benclm.pdf>

Who can I contact for more information?

Contact your adjuster or call DWC at 1-800-252-7031, Monday through Friday, 8 a.m. to 5 p.m., Central time.