



Complete if known:

DWC claim #:

Insurance carrier claim #:

## Request to advance benefits

Este formulario está disponible en español en el sitio web de la División en

[www.tdi.texas.gov/forms/dwc/dwc047sadv.pdf](http://www.tdi.texas.gov/forms/dwc/dwc047sadv.pdf)

Para obtener asistencia en español, llame a la División al 800-252-7031

### Part 1: Injured employee information

<b>1. Name</b> (first, middle, last)	<b>2. Social Security number</b> (last four digits) XXX-XX -
<b>3. Date of injury</b> (mm/dd/yyyy)	<b>4. Phone number</b>
<b>5. Address</b> (street or PO box, city, state, ZIP code)	

### Part 2: Insurance carrier information

<b>6. Insurance carrier's name</b>	<b>7. Adjuster's name</b> (first, last)
<b>8. Adjuster's phone number</b>	<b>9. Adjuster's fax number</b> (optional)
<b>10. Adjuster's email</b>	

### Part 3: Information about your request

<b>11. Amount of request</b> \$	<b>12. Amount you want reduced from your income benefits</b> \$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly
<b>13. Amount of income benefits you currently get</b> \$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly	<b>14. Type of income benefits you get</b> <input type="checkbox"/> temporary income benefits <input type="checkbox"/> impairment income benefits <input type="checkbox"/> supplemental income benefits <input type="checkbox"/> lifetime income benefits

 Employee's Name:  
DWC Claim Number:

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**15. Explain why you need this advance (your financial hardship).**

**Part 4: Certify with your signature**

**16.** I certify that the above information is correct. I have read and understand that if my request to advance benefits is approved, the amount of future weekly benefit payments will decrease (see the FAQ below on this form to learn how an advance will affect your future income benefits).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Employee's Name:

DWC Claim Number:

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## FAQ

### Request to advance benefits

#### Who can file the DWC Form-047?

The injured employee can file this form to ask for an advance of benefits if there is a financial hardship.

#### What important information do I need to know?

- The amount of the advance can't be more than four times the maximum weekly amount for temporary income benefits based on your date of injury. To get the maximum weekly amount, go to [www.tdi.texas.gov/wc/employee/maxminbens.html](http://www.tdi.texas.gov/wc/employee/maxminbens.html).
- The total amount of advance benefits you request can't be more than the amount you're able to get in future income benefits. The future income benefits must be enough to cover the amount of the advance.
- We will only approve three advance requests for the same injury.

For more information about advancing benefits for hardship, maximum weekly benefit amount, and advance of benefits based on financial hardship, see Texas Labor Code Sections 408.085 and 408.061 and 28 Texas Administrative Code Section 126.4.

#### Where do I send this form?

Send this form to the Texas Department of Insurance, Division of Workers' Compensation (DWC) by fax or mail.

- **Fax:** 512-804-4378
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation  
Policy and Customer Service, MC- PCS  
PO Box 12050  
Austin, TX 78711-2050

#### What will DWC do?

We will approve or deny your request. You and the insurance carrier will get an order with our decision.

#### What happens if my request is approved?

- The insurance carrier will pay the advance within seven days after they get the approval order.
- After the insurance carrier has paid your advance, they will take out that amount from your future weekly or monthly checks.

#### Where can I find more information?

Go to [www.211texas.org/cms/](http://www.211texas.org/cms/) to learn more about other resources and services outside of DWC for basic needs like food, health, housing, and more.

#### Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to [www.tdi.texas.gov/wc](http://www.tdi.texas.gov/wc) to learn more about workers' compensation.

**Note:** With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact [DWCLegalServices@tdi.texas.gov](mailto:DWCLegalServices@tdi.texas.gov) or go to the Corrections Procedure section at [www.tdi.texas.gov](http://www.tdi.texas.gov).