



Please complete, if known:

DWC Number

Carrier Claim Number

Send **first** quarter SIBs applications to the TDI-DWC field office handling your claim. Send applications for all other quarters to the insurance carrier.

APPLICATION FOR SUPPLEMENTAL INCOME BENEFITS (DWC Form-052)

SECTION 1: EMPLOYEE INFORMATION

1. Employee's Name (Last, First, M.I.)		2. Social Security Number (last 4 digits) XXX-XX-	3. Telephone Number
4. Mailing Address (Street or P.O. Box, City, State, Zip Code)			5. Date of Injury
6. Current Treating Doctor's Name		7. Current Treating Doctor's Telephone Number	

SECTION 2: EMPLOYER / INSURANCE CARRIER INFORMATION

8. Employer's Name	9. Insurance Carrier's Name	
10. Adjuster's Name	11. Adjuster's Telephone Number	Extension

SECTION 3: SIBs QUALIFYING INFORMATION

12. Impairment Rating	13. Date of Maximum Medical Improvement	
14. Quarter Number	15. Filing Deadline	
16. Dates of Quarter	Beginning:	Ending:
17. Dates of Qualifying Period	Beginning:	Ending:
18. County of Residence:	19. Number of minimum weekly work search efforts for your county of residence:	

SECTION 4: WORK SEARCH ACTIVITIES FOR THE QUALIFYING PERIOD

To further document work searches, use the "Detailed Job Search / Employer Contact Log" on page 5 of this form.

Week Number	Check All That Apply		Notes and Type of Documentation Attached (see instructions)
Sample	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input checked="" type="checkbox"/> Vocational Rehab Program	<input checked="" type="checkbox"/> Work Search Efforts Number of Work Searches Conducted <u> 3 </u>	Copy of my rehab plan from ABC Therapy; copies of three job applications Two jobs found with assistance from staff at Workforce Dev't office, one job vacancy I found in the newspaper
1	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
2	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
3	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
4	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	

Week Number	Check All That Apply		Notes and Type of Documentation Attached (see instructions)
5	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
6	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
7	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
8	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
9	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
10	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
11	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
12	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	
13	<input type="checkbox"/> Unable to Work <input type="checkbox"/> Working <input type="checkbox"/> Vocational Rehab Program	<input type="checkbox"/> Work Search Efforts Number of Work Searches Conducted _____	

SECTION 5: WAGES DURING QUALIFYING PERIOD

Week Ending	Gross Wages Earned	Week Ending	Gross Wages Earned
1.	\$	8.	\$
2.	\$	9.	\$
3.	\$	10.	\$
4.	\$	11.	\$
5.	\$	12.	\$
6.	\$	13.	\$
7.	\$		

SECTION 6: CERTIFICATION

I certify that:

- I have not elected to have any of my impairment income benefits paid in a lump sum;
- I am earning less than 80% of my average weekly wage as a result of my impairment from my compensable injury;
- I have complied with the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) Work Search Requirements (Texas Labor Code § 408.1415 and Texas Administrative Code §130.101 and §130.102); and,
- the information I have provided on this *Application for Supplemental Income Benefits* is true. I understand that if I intentionally provide false information to obtain benefits, I can be charged with an administrative or criminal penalty.

Employee's Signature _____ Date _____

SECTION 7: NOTICE OF ENTITLEMENT OR NON-ENTITLEMENT

Quarter Number	Beginning Date	Ending Date
TO BE COMPLETED BY TDI-DWC FOR FIRST QUARTER AND BY INSURANCE CARRIER FOR SUBSEQUENT QUARTERS.		
<input type="checkbox"/> Employee Entitled to Supplemental Income Benefits		Monthly Payments for 3 Months \$ _____
<input type="checkbox"/> Employee Not Entitled to Supplemental Income Benefits		
Reason for Non-entitlement:		
Signature of Reviewing Authority		Date
Printed Name of Reviewing Authority		
Title	Telephone Number	

INFORMATION FOR DISPUTING ENTITLEMENT OR AMOUNT OF SUPPLEMENTAL INCOME BENEFITS:

To Employee

- To dispute non-entitlement to supplemental income benefits or the monthly amount to be paid in any quarter, you must have facts, such as your detailed job search/employer contact log or a current narrative report from your doctor supporting your disability, or a legal basis.
- To dispute the determination by TDI-DWC or the insurance carrier, you must request a benefit review conference by contacting the TDI-DWC office handling your claim or call (800) 252-7031.

To Insurance Carrier

- To dispute the first quarter, request a benefit review conference within 10 days after receiving notice from TDI-DWC.
- To dispute entitlement to a subsequent quarter when payment has been made in the previous quarter, request a benefit review conference within 10 days after receiving the employee's *Application for Supplemental Income Benefits*.
- To dispute entitlement to a subsequent quarter without prior payment in the previous quarter, send the notice of non-entitlement to the employee within 10 days of the date the form was filed with the insurance carrier. Include the reason(s) for finding non-entitlement and give instructions to the employee about how to dispute the insurance carrier's determination.

CALCULATION OF SUPPLEMENTAL INCOME BENEFITS

To Be Completed By TDI-DWC Or Insurance Carrier To Show Wages Used To Calculate Monthly Payments

1.	\$ _____ (Average Weekly Wage)	X	80%	=	\$ _____ (Transfer to Line 4A)
2.	\$ _____ (Earned Wages)	+	\$ _____ (Offered Wages)	=	\$ _____ (Transfer to Line 3A)
3.	\$ _____ (3A - Total Wages)	÷	13	=	\$ _____ (Transfer to Line 4B)
4.	\$ _____ (4A)	-	\$ _____ (4B)	=	\$ _____ (Transfer to Line 5A)
5.	\$ _____ (5A)	X	80%	=	\$ _____ (Transfer to Line 6A)
6.	\$ _____ (6A)	X	4.34821	=	\$ _____ (Monthly Payment*)
	If Contribution: (% _____)				
7.	\$ _____ (Monthly Payment)	X	_____ (% of Reduction)	=	\$ _____ (Transfer to Line 8B)
8.	\$ _____ (Monthly Payment)	-	\$ _____ (8B - Contribution Reduction)	=	\$ _____ (Reduced Monthly Payment)

*Subject to a maximum amount.

APPLICATION FOR SUPPLEMENTAL INCOME BENEFITS (DWC Form-052)

To complete this application, refer to the TDI-DWC publication
“Questions and Answers about Supplemental Income Benefits.”

When do I file the application for SIBs?

The SIBs application deadlines will be different for each injured employee, depending on the dates of the qualifying period. Generally, you must submit your application for SIBs six days before the end of the qualifying period, but no later than seven days after the end date of the qualifying period. For the first quarter, this filing deadline is provided for you in Item #4 of the SIBs notification letter sent to you by the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC). For other quarters, your insurance carrier will provide you with the filing deadline in Section 3, Item # 15 of this form.

Where do I send the completed form?

For the first quarter, send the completed DWC Form-052 and supporting documentation to the TDI-DWC Field Office handling your claim. Field office contact information is available at <http://www.tdi.texas.gov/wc/dwcccontacts.html#offices>. For all other quarters, return the form to your insurance carrier. You may file the form by first class mail, personal delivery or electronic submission (including fax or e-mail).

How many job applications and/or work search contacts must I make if I am actively seeking work?

You must make at least the minimum number of job applications and/or work search contacts consistent with those for unemployment compensation benefits. These vary by county of residence. You must contact TDI-DWC at 1-800-252-7031 or go to the website at <http://www.tdi.texas.gov/wc/employee/suppben.html> to find the number of minimum weekly work search requirements for the county where you live.

What documentation should I provide to show that I meet TDI-DWC's work search requirements?

You must maintain supporting documentation, applications, letters, and notes to clearly demonstrate your active efforts to meet the TDI-DWC work search requirements for **each week** during the entire qualifying period. The following are examples of the various types of acceptable documentation.

To Document Work Searches - If you have not returned to work and you are able to work in **any** capacity, you must look for a job to match your ability to work during **each week** of the qualifying period. Appropriate documentation includes:

- Work search log attached to DWC Form-052, *Application for Supplemental Income Benefits*;
- Documentation about any follow-up visits to a potential employer; and/or
- Copies of employment applications or resumes which document your efforts to find a job.

If you have **any** offers of employment which you do not accept, you must include information about the offered wages as part of this application. If you are self-employed, show your gross weekly wages as the total amount of income received from self-employment. Use the attached “Detailed Job Search / Employer Contact Log” (page 5 of this form) to document your efforts.

To Document an Inability to Work - If you are unable to work due to your compensable injury for any part or all of the qualifying period, you must submit a narrative report from a doctor which specifically explains how your compensable injury caused your inability to perform any kind of work for the specific period of time.

To Document Participation in Vocational Rehabilitation Services - If you participate in a Vocational Rehabilitation Services program, you must provide documentation to show your efforts to meet the requirements of your vocational rehabilitation plan.

To Document Employment During the SIBs Qualifying Period - You must provide documentation that you earned less than 80% of your average weekly wage as a direct result of your impairment from the compensable injury. Appropriate documentation includes payroll stubs and wage statements.

When and how will I know if I am approved for SIBs?

TDI-DWC will notify you of first quarter SIBs entitlement no later than the last day of your IIBs period. For all subsequent quarters, the insurance carrier must notify applicants of its decision of SIBs entitlement within 10 days of the receipt of an application. The notice will contain specific information regarding the reason for its determination. If you are denied SIBs, the notice will include the grounds for the determination, the beginning and ending dates of the quarter, and instructions for the parties if they want to dispute the decision.

Where do I find more information regarding SIBs?

More information about SIBs, including a listing of each Texas county's number of minimum work searches and the TDI-DWC publication “Questions and Answers about Supplemental Income Benefits,” is available on the website at <http://www.tdi.texas.gov/wc/employee/suppben.html>.

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 or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.

Detailed Job Search / Employer Contact Log (provide detail for each job contact)

Name: _____

Number of minimum weekly work search efforts for your county of residence: _____

Date (mm/dd/yyyy)	Business Name, Address, Phone and Website	Contacted	Submitted	Person Contacted	Description of Job	Results
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____

INJURED EMPLOYEES MUST DOCUMENT EACH EMPLOYER CONTACT- USE ADDITIONAL PAGES AS NEEDED

Detailed Job Search / Employer Contact Log (provide detail for each job contact)

Name: _____

Number of minimum weekly work search efforts for your county of residence: _____

Date (mm/dd/yyyy)	Business Name, Address, Phone and Website	Contacted	Submitted	Person Contacted	Description of Job	Results
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____
		<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax <input type="checkbox"/> By mail <input type="checkbox"/> By e-mail / web	<input type="checkbox"/> Cover letter <input type="checkbox"/> Application <input type="checkbox"/> Resume _____ _____	Name _____ Phone _____ Fax _____ E-mail _____		<input type="checkbox"/> Job offered Amount of wages offered _____ Accepted offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date _____ <input type="checkbox"/> Not hiring Other _____

INJURED EMPLOYEES MUST DOCUMENT EACH EMPLOYER CONTACT- USE ADDITIONAL PAGES AS NEEDED