



DWC CLAIM#
CARRIER CLAIM #

Send completed form to the DWC field office handling the claim and to the injured employee.

### REQUEST TO ADJUST AVERAGE WEEKLY WAGE FOR SEASONAL EMPLOYEE

**Instructions for Insurance Carrier:** The insurance carrier's records show that the employee in the claim shown below has failed to furnish the wage information requested on \_\_\_\_\_ . \_\_\_\_\_ now requests the

Division's approval to adjust the injured seasonal employee's average weekly wage from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ beginning \_\_\_\_\_ and ending on \_\_\_\_\_ . Attach \_\_\_\_\_ showing the employee's earnings during the same period in previous years.

A copy of this request must be provided to the injured worker at the same time it is submitted to the Division's field office handling the claim. Date mailed to Division and Employee: \_\_\_\_\_

<b>1. Employee's Name</b> (Last, First M.I.)	<b>2. Telephone Number</b>	<b>3. Date of Injury</b>
<b>4. Mailing Address</b> (Street or P.O. Box)	<b>5. Employer's Business Name</b>	
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>6. Insurance Carrier's Name</b>		

**• • • NOTICE TO EMPLOYEE • • •**

A representative of the Division will attempt to contact you upon the Division's receipt of the insurance carrier's Request to Adjust Average Weekly Wage for Seasonal Employee to explain the purpose of this request and to determine whether you agree with the request to adjust your average weekly wage and your weekly temporary income benefit payment.

**Within the next 2 weeks you may request a Benefit Review Conference if you do not agree with the request for adjustment. Your dispute will be set for a Benefit Review Conference within 20 days of your request. You can give additional wage information for consideration. However, if you do not request a Benefit Review Conference within this period, the Division will approve the request for adjustment based on the wage information available.**

If you have any questions or need help, call the Texas Department of Insurance, Division of Workers' Compensation at 1-800-252-7031 or contact the Division field office handling your claim.

**FOR DIVISION USE**

The insurance carrier's Request to Adjust Average Weekly Wage for Seasonal Employee in the above styled claim is:

**APPROVED** Employee failed to request a Benefit Review Conference within the required 2-week period set forth above. The average weekly wage is adjusted to \$ \_\_\_\_\_, and the temporary income benefit weekly payment is adjusted to \$ \_\_\_\_\_, beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**NOT APPROVED.** Reason: \_\_\_\_\_

Authorized DWC Employee Signature	Division Field Office Phone Number
Division Field Office Address	City State ZIP Code

**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 refer to the Corrections Procedure section at [www.tdi.texas.gov/commissioner/legal/lccorprc.html](http://www.tdi.texas.gov/commissioner/legal/lccorprc.html)

