[Recommended: Insert letterhead here]

**Notice of Employer Full Salary Payment**

Date: [Date]

To: [Name of injured employee]

[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]

DWC claim #: [DWC claim #]

Carrier name/TPA name: [Carrier name/TPA name]

Carrier claim #: [Carrier claim #]

Employer name: [Employer name]

Employer address, city, state, zip: [Employer address, city, state, zip]

**We, [Name of carrier], reviewed your workers’ compensation claim. Based on the facts we have about your claim, we are not going to pay income benefits.**

**The reason for this is:**

You are still being paid the same amount you got before your work-related injury. You can’t get income benefits (temporary income benefits) unless your employer stops paying you the amount you got before your injury.

**[Insurance carrier comments]**

**Contact me if you: (1) have questions, (2) need to give more facts about your claim, or (3) disagree with this decision.**

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.

A picture containing text, clipart

Description automatically generated

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

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

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from [Name of insurance carrier], and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers’ Compensation. To ask for a conference, fill out a “Request to Schedule, Reschedule, or Cancel a Benefit Review Conference” form (DWC045) - [www.tdi.texas.gov/forms/dwc/dwc045brc.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brc.pdf).

If you don’t have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to [www.OIEC.texas.gov](http://www.OIEC.texas.gov) or call 1-866-393-6432, ext. 44186, 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.**

A copy of this letter was sent to:

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**Instructions to the insurance carrier:**

**Notification of Employer Full Salary Payment** (PLN-6) 28 Texas Administrative Code (TAC) §124.2

This notice must be used to report to the injured employee and the injured employee’s representative (if applicable) when the employer is paying full wages to the employee in lieu of workers’ compensation income benefit payments from the insurance carrier. The notice indicates that the insurance carrier is not making payment of income benefits because the employer is making full salary payments.

The insurance carrier must:

* Provide this notice to the injured employee and the injured employee’s representative (if applicable).
* Provide a full and complete statement explaining the action taken.

**Format requirements**

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

**Format recommendations**

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. Here are recommendations for formatting letters to injured employees:

* **Print only information that applies to the reader:** (1) Remove the section “Instructions to the insurance carrier,” and (2) if this letter has more than one option, remove the option that doesn’t apply to the injured employee.
* **Choose a clean font style:** Avoid highly stylized fonts. 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.

**File the appropriate Electronic Data Interchange (EDI) transaction with DWC**

**and do not send this notice to DWC.**