

Texas Department of Insurance
Division of Workers' Compensation
7551 Metro Center Dr., Ste 100
Austin, TX 78744-1645



Si prefiere hablar con una persona en español sobre esta carta o sobre su reclamación, por favor llame al 1-800-252-7031.

NAME
ADDRESS
CITY, STATE ZIP

Injured Employee:
DWC #:
Date of Injury:
Employer:
Carrier:
Carrier Claim #:
Date:

RE: NOTICE OF INJURY

The Texas Department of Insurance (TDI), Division of Workers' Compensation (Division) has received notice of your on-the-job injury. TDI is the state agency that regulates the workers' compensation system in Texas. Income and medical benefits are paid by your employer's workers' compensation insurance carrier.

By law, you may be asked by the Division or insurance carrier to complete certain forms or provide additional information about your claim.

This packet has important information to assist you with your claim, including:

- Copy of the DWC Form-041, Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease
- Employee Rights and Responsibilities Under the Texas Workers' Compensation System,
- Return to Work Information and Workplace Safety Tips for Injured Employees, and
- Injured Employee Checklist.

You must send a completed DWC Form-041, Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease to the DWC within one (1) year of the date of injury to protect your rights. Use the attached paper copy or the online form available through this link: <https://txcomp.tdi.state.tx.us/TXCOMPWeb/notice/iec/SelectLanguage.jsp>.

If you were employed by more than one employer on the date of your injury, and your injury causes you to lose wages from your other employment, you may provide current wage statements from all employers to the adjuster handling your claim. The insurance carrier may be required to use your total income from all employment to calculate the amount of income benefits you are entitled to receive.

For more information about the workers' compensation system in Texas, visit the TDI website at www.tdi.texas.gov/wc/indexwc.html.

If you have any questions about your workers' compensation claim please contact your employer or your adjuster. If you have questions about the information included in this packet, contact DWC at 1-800-252-7031. Please be prepared to provide the claim number listed above or your social security number and date of injury. You should contact the Division to report any change to your address and telephone number.

Sincerely,

Texas Department of Insurance,
Division of Workers' Compensation