

[Recommended: Insert letterhead here]

Notice of Change in Amount of Indemnity Benefit Payment

Date: [Date]

To: [Name of injured employee or beneficiary]
[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 #]
Insurance carrier name/TPA name: [Insurance carrier name/TPA name]
Insurance carrier claim #: [Insurance carrier claim #]
Employer name: [Employer name]
Employer address, city, state, ZIP: [Employer address, city, state, ZIP]

We, [Name of insurance carrier], are changing the amount of your workers' compensation benefits.

The amount of [Type of benefits being paid] you get will go [Up/down] starting [Effective date].

The amount you were getting each week	The new amount you will get each week
[\$Amount of current payment] a week	[\$Amount of new payment] a week

The reason for the change in amount is: [Provide full and complete statement explaining the action taken.]

- If you get these payments for eight weeks or more, you can ask us to set up direct deposit into your bank account. You also can ask for payments once a month instead of every week.
- This will not change the medical benefits you get because of your injury.

Contact me if you: (1) have questions, (2) need to give more facts about this 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.

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

Call the Texas Department of Insurance, Division of Workers' Compensation (DWC) 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 DWC. 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.

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 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.

We sent a copy of this notice to:

Instructions to the insurance carrier:

Notice of Change in Amount of Indemnity Benefit Payment (PLN-8) 28 Texas Administrative Code (TAC) §124.2

You must use this notice to report to the injured employee/representative and the beneficiaries/representatives (if applicable) when the insurance carrier is changing the net indemnity benefit payment (increase or decrease).

Scenarios when you must use this notice (not an exhaustive list):

- change/recalculation of average weekly wage;
- change in post-injury earnings;
- refusal of a bona fide job offer at less than pre-injury wages;
- return to work at less than pre-injury wages;
- statutory reduction of benefits from 75% to 70% after 26 weeks of benefit payments;
- recovery of advanced benefits initiated or completed;
- payment of attorney fees or payment of attorney fees completed;
- redistribution of death benefits (beneficiaries eligibility change);
- court ordered child support lien;
- full payment of underpaid indemnity benefits with interest completed and recovery of overpayment initiated or completed contribution (weekly payment amount may be adjusted to \$0 if necessary);
- subrogation/third-party settlement (weekly payment amount may be adjusted to \$0 if necessary); or
- school or seasonal employee adjustment.

The insurance carrier must:

- Provide this notice to the injured employee or representative and the beneficiaries or representatives (if applicable).
- Provide a full and complete statement explaining the action it took.

Examples:

- We have been notified that you returned to work with restrictions on April 1, 2016, earning \$250/week. Your temporary income benefits will be reduced to \$100/week.

- We have received an order from DWC for you to receive \$1,500 of income benefits now. We will reduce your weekly benefits \$25 per week for 60 weeks.
- You are entitled to supplemental income benefits (SIBs) for the fourth quarter. Your monthly SIBs payments for the fourth quarter have been reduced to [Monthly payment amount]. This payment is based on the amount of money you are earning after your injury.
- Your doctor released you to return to work with modified duty. The employer sent you a bona fide offer of employment of 20 hours a week at \$8 per hour. You refused this job offer, so your benefits are reduced by \$98 per week.

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.
- **Minimize abbreviations:** Abbreviations create confusion. But if using abbreviations, spell out the full name or phrase the first time you use it and put the abbreviation in parentheses after it.
- **Letterhead:** Use the insurance carrier's letterhead.

**File the appropriate electronic data interchange transaction with DWC.
Do not send this notice to DWC.**

DRAFT