



TEXAS DEPARTMENT OF INSURANCE

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memo

To: Workers' Compensation System Participants

From: Emily McCoy, Associate General Counsel, Office of General Counsel

Date: February 27, 2017

RE: Finalized Forms to Remove the Social Security Number or to Request Only the Last Four Digits of the Social Security Number

The Texas Department of Insurance, Division of Workers' Compensation (DWC) has finalized its revision of several workers' compensation forms by removing or limiting social security numbers. In an effort to better protect confidential information and streamline processes, DWC evaluated the need for social security numbers on various workers' compensation forms and ultimately determined to either: (1) remove the social security number field completely, or (2) request only the last four digits of the social security number. The revisions apply to English and Spanish versions of the forms.

On August 31, 2016, DWC posted a memo that identified the forms under review for modification and requested comments from interested parties. After the comment period, DWC decided not to change the social security number requirement on the DWC Form-032, *Request for Designated Doctor Examination*. Additionally, rather than remove the social security number field completely, DWC decided to request the last four digits of the social security number on the DWC Form-068, *Designated Doctor Examination Data Report*.

DWC removed the social security number field from the following finalized forms:

- DWC Form-002, *Employer's Report for Reimbursement of Voluntary Payment*;
- DWC Form-025, *Benefit Dispute Settlement*;
- DWC Form-031, *Application for Division Approval of Change in the Payment Period and/or Purchase of an Annuity for Death Benefits*;
- DWC Form-033, *Carrier's Request for Reduction of Income Benefits Due to Contribution*;
- DWC Form-035, *Application for Division Approval of the Purchase of an Annuity for Lifetime Income Benefits*;
- DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*;
- DWC Form-046, *Employee's Request for Acceleration of Impairment Income Benefits*;
- DWC Form-048, *Request to Get Reimbursed for Travel Costs*;
- DWC Form-049, *Request to Schedule a Medical Contested Case Hearing (MCCH)*;
- DWC Form-051, *Employee's Election for Commuted (Lump Sum) Impairment Income Benefits*;
- DWC Form-054, *Notice to Employee: Intention to Request Division Permission to Adjust Benefits*;
- DWC Form-055, *Request to Adjust Average Weekly Wage for Seasonal Employee*;
- DWC Form-056, *Carrier's Request for Seasonal Employee Wage Information from Texas Workforce Commission Records*;
- DWC Form-057, *Request for Extension of Maximum Medical Improvement Date for Spinal Surgery*; and,

DWC now requires only the last four digits of a social security number on the following forms:

- DWC Form-047, *Employee's Request for Advance of Benefits*;
- DWC Form-052, *Application for Supplemental Income Benefits*; and,
- DWC Form-068, *Designated Doctor Examination Data Report*.

The finalized forms are available on the Texas Department of Insurance website at www.tdi.texas.gov/forms/form20numeric.html, and are effective May 1, 2017. System participants may continue to use the existing forms until the effective date of the revised forms.