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To: Texas Workers' Compensation System Participants

From: Tammy Campion, Deputy Commissioner of Business Process

Date: June 5, 2024

Subject: Revised DWC Form-001, Employer's First Report of Injury or Illness; DWC Form-002, Employer's Report for Reimbursement of Voluntary Payment; and DWC Form-006, Supplemental Report of Injury

The Texas Department of Insurance, Division of Workers' Compensation (DWC) is accepting public comments on changes to these existing forms:

- DWC Form-001, *Employer's First Report of Injury or Illness*.
- DWC Form-002, *Employer's Report for Reimbursement of Voluntary Payment*.
- DWC Form-006, *Supplemental Report of Injury*.

We have updated the forms to conform to our agency's current form standards and to use plain language. We also removed a reference to outdated violation language. The DWC Form-006 references a Class D administrative violation, which the Legislature removed from the law under House Bill 7, 79th Legislature, Regular Session (2005).

The revised forms are not a formal rule proposal under the Administrative Procedure Act. DWC will not treat comments as formal public comments. However, we will consider any substantive comment before the revised forms are adopted. The proposed forms are on the [TDI website](http://tdi.texas.gov). Submit written comments on the form to [RuleComments@tdi.texas.gov](mailto:RuleComments@tdi.texas.gov) or mail your comments to:

Legal Services, MC-LS  
Texas Department of Insurance, Division of Workers' Compensation  
P.O. Box 12050  
Austin, Texas 78711-2050

Submit your comments by 5 p.m., Central time, on Friday, June 28, 2024.