



Complete if known:

DWC claim #

Insurance carrier claim #

First responder's annual certification for lifetime income benefits

Este formulario está disponible en español en el sitio web de la División en

[add link here to Spanish version form]

Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1: Injured employee and insurance carrier information

1. Employee's name (first, middle, last)		2. Social Security number (last four digits) XXX-XX-	
3. Employee's address (street or PO box, city, state, ZIP code)			
4. Insurance carrier's name		5. Adjuster's name (first, last)	
6. Adjuster's phone number	7. Adjuster's fax number	8. Adjuster's email	

Part 2: Injury information

9. DWC claim #	10. Date of injury (mm/dd/yyyy)	11. Accrual date See FAQ. (mm/dd/yyyy)
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Part 3: Certification about employment

12. Certify with your signature.		
I certify that I was not employed in any capacity during the certification period of		
_____.		
(mm/dd/yyyy to mm/dd/yyyy)		
Signature _____		Date _____
Employee's name:		For DWC use only
DWC claim number:		

FAQ

First responder's annual certification for lifetime income benefits

Who should file this form?

First responders who get lifetime income benefits (LIBs) because of a serious bodily injury file this form.

Learn more about LIBs for first responders:

- Texas Labor Code Section 408.1615 and Texas Penal Code Section 1.07
- tdi.texas.gov/wc/employee/lifetimeben.html
- tdi.texas.gov/wc/employee/firstresponder.html

When do I file this form?

You must file this form annually with the insurance carrier to certify that you were not employed in any capacity during the preceding year.

Send this form to the insurance carrier no later than 30 days after the anniversary of the date your LIBs began to accrue. The insurance carrier must provide you with an annual notice of the anniversary date.

What is the accrual date for LIBs?

This is the date an injured employee becomes eligible to get LIBs.

Where do I send this form?

Send this form to the insurance carrier. Contact your insurance carrier adjuster to get a mailing address, fax number, or email address.

Questions?

Call 800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

Note: With few exceptions, on your request, you are entitled to:

- Be informed about the information the Texas Department of Insurance, Division of Workers' Compensation (DWC) collects about you.
- Receive and review the information (Government Code Sections 552.021 and 552.023).
- Have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.