



Subsequent Injury Fund Reimbursement Request Form – Refund of Death Benefits

I. SUBSEQUENT INJURY FUND (SIF) REQUEST INFORMATION

1. Reimbursement Amount Requested	2. Request Date
3. Contact Name	
4. Contact Phone Number	5. Contact Email Address

II. CLAIM INFORMATION

6. Injured Employee's Name (First, Middle, Last)	7. DWC Claim Number
8. Employee's Date of Injury	9. Employee's Date of Death

III. PAYEE (Insurance carrier)

10. Name of Payee	11. Payee Federal Tax ID No.
12. Address of Payee (Street or P.O. Box, City, State, ZIP Code)	

IV. TELL US ABOUT THE REASON FOR SEEKING THIS REIMBURSEMENT

13. Describe the request, including a description of the final award or judgment that a legal beneficiary is entitled to the death benefits.

For DWC Use Only

V. TELL US ABOUT THE TOTAL AMOUNT OF REIMBURSEMENT REQUESTED

14. Amount of Death Benefits Paid to the SIF	15. Date Carrier Paid Death Benefits to the SIF
16. Calculation of Refund Requested	

VI. REQUIRED ATTACHMENTS:

Include the following documents with each request.

- Claim for workers' compensation death benefits (DWC Form-042 or DWC Form-042S).
- All orders or other documentation identifying legal beneficiaries and entitlement to death benefits.
- A detailed payment record that includes the following:
 - date of payment;
 - amount of payment;
 - purpose of payment;
 - benefit period; and
 - payee.
- W-9 for the insurance carrier or authorized payee.

Unless otherwise requested, please limit your submission to the above items.

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Frequently Asked Questions

Who can file DWC Form-096?

Insurance carriers and their authorized representatives should use this form to request reimbursement from the SIF.

Can I use this form to submit a request for reimbursement of any overpayments?

Use the form appropriate to the cause of the overpayment. DWC Form-096 should be used when the insurance carrier made payment of death benefits to the SIF, and it is later determined by a final award of the commissioner or the final judgment of a court of competent jurisdiction that a legal beneficiary is entitled to the death benefits.

What statutes and rules apply to this type of reimbursement?

Texas Labor Code Section 403.007(d) and 28 Texas Administrative Code Section 116.11(a)(2) and (d).

What response do you expect on question 13?

Which final award or judgment determined that a legal beneficiary is entitled to the death benefits?

Here is a sample response:

1/12/2018 Travis County Court decision:

- John Doe is the legal beneficiary.
- John Doe is the spouse of the deceased.

What response do you expect on question 16?

Clarify how much of the death benefit previously paid to the SIF should be refunded and how you calculated the amount.

Examples:

On 1/1/2017, we paid 364 weeks of death benefits to the SIF at a rate of \$500 per week, discounted for a total of \$166,395.

A dependent beneficiary has been identified and death benefits are no longer owed to the SIF.
We request a full refund.

OR

On 1/1/2017, we paid 364 weeks of death benefits to the SIF at a rate of \$500 per week, discounted for a total of \$166,395.

The parent of the deceased is entitled to 104 weeks of death benefits. After consideration of this beneficiary, only 260 weeks of death benefits are owed to the SIF, discounted for a total of \$114,510.
We request reimbursement of \$51,885 (\$166,395 - \$114,510).

How do I submit this request?

- Electronic file transfer—If you already have an account with DWC, you may use the same electronic file transfer account. If you need an account, please contact our office at eFiling-Help@tdi.texas.gov; or
- Fax to 512-804-4759.

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

- be informed about the information DWC collects about you.
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html