[Recommended: Insert letterhead here]

**Notice of First Death Benefit Payment**

Date: [Date]

To: [Name of beneficiary]

 [Address]

[City, state, zip]

Re: Date of injury: [Date of injury]

 Name of employee: [Name of injured employee]

 Nature of injury: [Nature of injury]

 Part of body injured: [Part of body injured]

 DWC claim #: [DWC claim #]

 Carrier name/TPA name: [Carrier name/TPA name]

 Carrier claim #: [Carrier claim #]

 Employer name: [Employer name]

 Employer address, city, state, zip: [Employer address, city, state, zip]

**We, [Name of carrier], issued a benefits check.**

These workers’ compensation benefits are called “death benefits.” These payments help families replace some of the money lost when an employee dies because of a work-related injury or illness.

* Your payment will be [$$$] each week. This is 75% of the average amount of money the employee got each week from their work, which was [$$$].
* You can ask to set up direct deposit into your bank account. You also can ask for payments once a month instead of every week.

**[Insurance carrier comments]**



**Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) disagree with any action taken on this claim.**

 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 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 Texas Department of Insurance, Division of Workers’ Compensation. 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](http://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](http://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.**

A copy of this letter was sent to:

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**Instructions to the insurance carrier:**

**Notice of First Death Benefit Payment** (PLN-5) 28 Texas Administrative Code (TAC) §124.2

This notice must be used to report to the beneficiary(s) first payment of death benefits on the claim. Each beneficiary that receives a payment of death benefits must be provided a copy of this notice.

The insurance carrier must

* Provide this notice to the injured employee’s beneficiary(s) and their representative(s) (if applicable).
* Include the Average Weekly Wage that death benefits are based on.
* Provide a full and complete statement explaining the action taken. The statement should include the distribution of payments of death benefits, and requirements to remain entitled.

Examples**:**

* Death benefits are being paid due to the death of Joe Employee. Benefits are being paid as follows: Spouse 100% ($400 week).
* Death benefits are being paid due to the death of Joe Employee. Benefits are being paid as follows: Spouse 50% ($200 week), Son 25% ($100 week), Daughter 25% ($100 week).
* Death benefits are being paid due to the death of Joe Employee. Benefits are being paid as follows: Son 50% ($200 week), Daughter 50% ($200 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.

 **File the appropriate Electronic Data Interchange (EDI) transaction with DWC**

**and do not send this notice to DWC.**