[Recommended: Insert letterhead here]

**Notice of Suspension of Indemnity Benefits**

Date: [Date]

To: [Name of injured employee]

 [Address]

[City, state, zip]

Re: Date of injury: [Date of injury]

 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], are stopping workers’ compensation benefits.**

* + [Type of benefit] will stop on [Effective date].
	+ This will not change the medical benefits you get because of your injury.

**The reason for stopping benefits is:** [Provide full and complete statement explaining the action taken]

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

 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 Suspension of Indemnity Benefits** (PLN-9) 28 Texas Administrative Code (TAC) §124.2

This notice must be used to report to the injured employee/representative and the beneficiary(ies)/representative(s) (if applicable) when the insurance carrier is suspending indemnity benefits.

When suspending indemnity benefits because of a 0% impairment rating, or a doctor’s determination of no permanent impairment, the insurance carrier must use the PLN-3a or PLN-3c.

Scenarios where this notice must be used (not an exhaustive list):

* employee return to work at full wages,
* bona fide job offer,
* employee death not related to the injury,
* benefits exhausted (impairment income benefits paid out, 4 quarters of non-entitlement to supplemental income benefits, etc.),
* Division order paid out,
* jurisdiction change,
* re-marriage (except if it is a spouse of a first responder as defined in Labor Code 504.055),
* change in beneficiary eligibility status, or
* non-compliance (Division order, required medical examination or designated doctor examination, etc.).

The insurance carrier must

* Provide this notice to the injured employee/representative and the beneficiary(ies)/representative(s) (if applicable).
* Provide a full and complete statement explaining the action taken.

Examples:

* Your treating doctor, Dr. Jones, released you to return to work with no restrictions on 5/1/2016. You returned to work 5/2/2016 earning full pre-injury wages.
* Your doctor released you to return to work with modified duties on 4/15/2016. Your employer mailed you a bona fide offer of employment on 4/16/2016. The offer included modified duties, and the pay was equal to what you made before the injury. The offer was effective for 10 days from date of mailing. You did not contact the employer about the offer as of today.

**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**