

NOTICE OF POTENTIAL ENTITLEMENT TO WORKERS' COMPENSATION DEATH BENEFITS

DATE:

TO: [NAME OF POTENTIAL BENEFICIARY]
[ADDRESS]
[CITY, STATE, ZIP]

RE: [NAME OF DECEASED]
[DATE OF INJURY]
[DATE OF DEATH]
[DWC #]
[CARRIER/TPA NAME]
[CARRIER CLAIM #]
[EMPLOYER NAME]

You have been identified as a potential beneficiary of the deceased employee named above and, as such, may be entitled to workers' compensation death benefits. In order to determine if you are entitled to these benefits, you will need to file a DWC Form-042, *Beneficiary Claim for Death Benefits*. A description of who may be an eligible beneficiary is attached to the DWC Form-042. We have included the form with this letter. You must file a claim for workers' compensation death benefits with the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) **no later than one year** after the employee's death, unless the potential beneficiary is a minor or incompetent or unless good cause exists for the failure to timely file a claim.

(***Insurance carrier provide a full and complete statement explaining how the person receiving this notice was identified as a potential beneficiary.***)

If you have a question regarding the above information, please contact me:

Adjuster's Name: _____
Toll Free Telephone #: _____
Fax #: _____
E-mail Address: _____

For further assistance, you may contact the TDI-DWC at 1-800-252-7031.

If you would like to receive notices such as this by facsimile or e-mail, please contact me and provide your facsimile number or e-mail address.

Please note that making a false or fraudulent workers' compensation claim as a beneficiary is a crime that may result in fines and/or imprisonment.

CC:

Enclosure: DWC Form-042, *Beneficiary Claim for Death Benefits*

INSTRUCTIONS

Notice of Potential Entitlement to Workers' Compensation Death Benefits (DWC FORM PLN-12)
28 Texas Administrative Code §132.17(d)

This notice must be used by an insurance carrier to notify a person identified by the insurance carrier as a potential beneficiary regarding potential entitlement to receive death benefits and how to file a claim for those benefits.

The insurance carrier must provide a full and complete statement of the facts that justify and serve as the grounds for the identification of that person as a potential beneficiary.

EXAMPLES:

- Our investigation finds the deceased employee appears to have been the grandfather of the potential beneficiary. The mother of the beneficiary, [name], was determined to be the daughter of the deceased.
- We have identified the deceased employee as the stepfather of the potential beneficiary. The carrier has verified that the deceased was legally married to the potential beneficiary's mother, [name], at the time of his death.

The insurance carrier must attach a current version of the DWC Form-042, *Beneficiary Claim for Death Benefits*.

The insurance carrier must send the DWC Form PLN-12 within 7 days of the date the insurance carrier identified or became aware of the identity and means of contacting the potential beneficiary.

DO NOT SEND THIS LETTER TO THE TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION.