



CompCourses

Employer responsibilities in the Texas workers' compensation system

Stephanie Saldaña – DWC Learning, Development, and Innovation



Learning objectives

- ✓ Understand workers' compensation in Texas.
- ✓ Know your rights and responsibilities under the law.
- ✓ Recognize compliance requirements.
- ✓ Know how to file accurate wage reports.
- ✓ Learn about return-to-work (RTW) support.
- ✓ Learn about available resources for employers.



What is workers' compensation?



State-regulated insurance program.



Pays medical care for job-related injury or illness.



May provide disability or death benefits.



Helps workers recover and return to work.



Protects employers from most lawsuits.



Governed by Texas law.

Texas Labor Code Sections [408.001](#) and [408.021](#)



Workers' compensation history

Pre-industrial era

Early work injuries: if a worker was hurt on the job, they had little to no protection. Only option was to sue their employer.



The push for reform

Rising accidents. Workers wanted protection and employers wanted predictable costs.



United States (1911)

Wisconsin passed first constitutional state workers' compensation law.



Industrial Revolution

More accidents from factories, mines, and railroads.



Germany (1884)

Germany created workers' compensation system in 1884.



United States (1949)

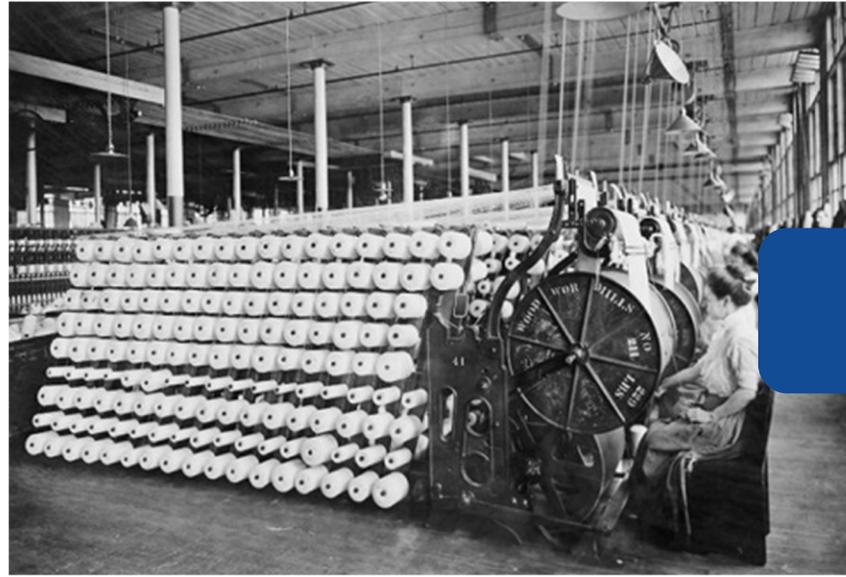
Every U.S. state has adopted a workers' compensation program.



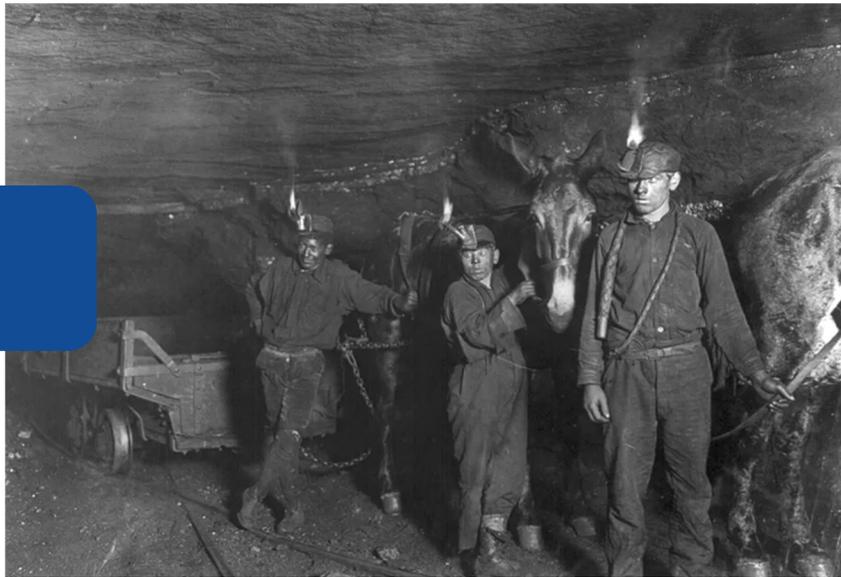
Monroe Logging Company
Washington 1905



American Woolen Company
Massachusetts 1912



Coal miners
West Virginia 1908



Triangle Shirtwaist Factory fire
New York 1911





CompCourses

The Grand Bargain





Employer rights

Choose whether to carry coverage

Have insurance coverage options

Dispute claims

Be notified of dispute resolution proceedings

Attend dispute resolution proceedings

Report fraud

Receive RTW services

Get reimbursed for voluntary payment

Labor Code Sections [406.002](#), [406.003](#), [409.005](#), and [413.021](#)
28 Texas Administrative Code (TAC) Section [141.1](#)

Employer responsibilities

- Notify employees of coverage and provide written notice.
- Report injury, illness, and work-related fatalities (8 days).
- Report wages to your insurance carrier (30 days).
- Report changes.
- File forms timely.
- Post written notice in workplace areas.
- Maintain record of all reported claims.
- Cooperate with DWC audits and investigations.
- Provide a safe workplace.

Labor Code Sections [406.005](#), [408.041](#), [409.005](#), and [411.103](#)

28 TAC Sections [110.01](#), [120.2-120.4](#) and [180.3](#)





Employer notices

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] _____ does not have workers' compensation insurance coverage. As an employee of a non-covered employer, you are not eligible to receive workers' compensation benefits under the Texas Workers' Compensation Act. However, a non-covered (non-subscribing) employer can and may provide other benefits to injured employees. You should contact your employer regarding the availability of other benefits for a work-related injury or occupational disease. In addition, you may have rights under the common law of Texas should you have an on the job injury or occupational disease. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

Notice 5

NOTICE 5 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: Effective on [effective date of certificate] _____ [name of employer] _____ has been certified by the Texas Department of Insurance, Division of Workers' Compensation (Division) as a self-insured employer providing workers' compensation insurance in the event of work-related injury or occupational disease. Claims for injuries or occupational diseases which occur on or after that date will be handled by [name of third party administrator] _____ . An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee or a person should have known of an occupational disease, unless the Division determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will

Notice 7

NOTICE 7 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] _____ has workers' compensation insurance coverage from [name of commercial insurance company] _____ work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] _____ in the event of that date will be handled by [name of commercial insurance company] _____ . An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will

Notice 6

NOTICE 6 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: Effective on [effective date of certificate] _____ [name of employer] _____ provides workers' compensation insurance coverage as a member of a self-insurance group under Labor Code Chapter 407A in the event of work-related injury or occupational disease. Claims for injuries or occupational diseases which occur on or after that date will be handled by [name of third party administrator] _____ . An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

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Notice 10

NOTICE 10 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION

Labor Code Section [406.005](#)
28 TAC Sections [110.101-110.105](#)



Employer forms

DWC Form-001

Employer's First Report of Injury or Illness

DWC Form-003

Employer's Wage Statement

DWC Form-004

Employer's Contest of Compensability

DWC Form-005

Non-Subscriber Notice to Division of Workers' Compensation

DWC Form-006

Supplemental Report of Injury

DWC Form-007

Employer's Report of Non-Covered Employee's Work-Related Injury or Illness

DWC Form-074

Description of Injured Employee's Employment

Labor Code Sections [406.004](#), [408.041](#), and [409.005](#)

28 TAC Sections [120.2-120.4](#) and [160.2-160.3](#)



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Support RTW efforts



DWC Form-073 v. DWC Form-074

CompCourses

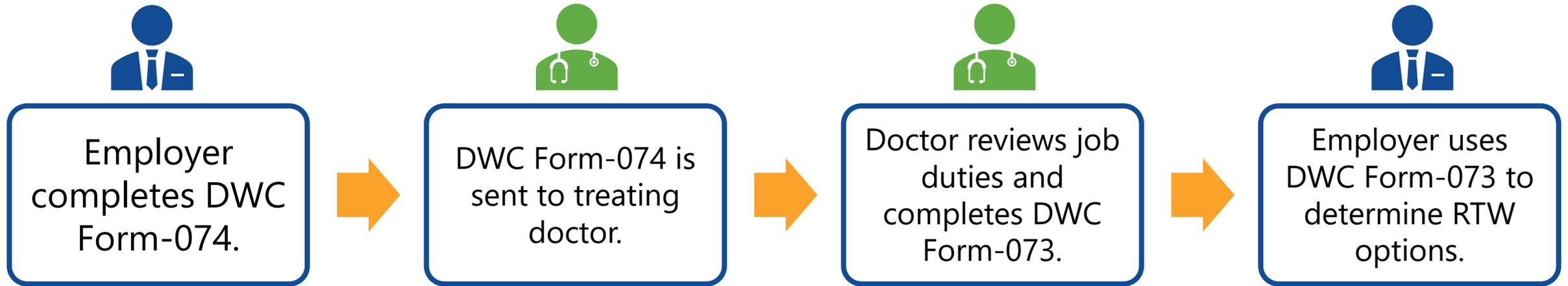
 <p>Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.</p> <p>Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.</p> <p>DWC073</p> <p>Texas Workers' Compensation Work Status Report</p> <p>I. GENERAL INFORMATION Date Sent (for transmission purposes only):</p> <table border="1"> <tr> <td>1. Injured Employee's Name</td> <td>5a. Doctor's/Delegating Doctor's Name and Degree</td> <td>5b. PA / APRN Name (if completing form)</td> </tr> <tr> <td>2. Date of Injury</td> <td>3. Social Security Number (last four) XXX-XX-</td> <td>6. Facility Name</td> </tr> <tr> <td>4. Employee's Description of Injury/Accident</td> <td>7. Facility/Doctor Phone and Fax Numbers</td> <td>9. Employer's Name</td> </tr> <tr> <td></td> <td>8. Facility/Doctor Address (Street, City, State, ZIP Code)</td> <td>10. Employer's Fax Number or Email Address (if known)</td> </tr> <tr> <td></td> <td></td> <td>11. Insurance Carrier</td> </tr> </table>	1. Injured Employee's Name	5a. Doctor's/Delegating Doctor's Name and Degree	5b. PA / APRN Name (if completing form)	2. Date of Injury	3. Social Security Number (last four) XXX-XX-	6. Facility Name	4. Employee's Description of Injury/Accident	7. Facility/Doctor Phone and Fax Numbers	9. Employer's Name		8. Facility/Doctor Address (Street, City, State, ZIP Code)	10. Employer's Fax Number or Email Address (if known)			11. Insurance Carrier	<p>TDI Division of Workers' Compensation PO Box 12050 Austin, TX 78711 800-252-7031 tdi.texas.gov/wc</p> <p>Treating Doctor Name Treating Doctor Telephone Number Treating Doctor Fax Number Treating Doctor E-mail</p> <p>DESCRIPTION OF INJURED EMPLOYEE'S EMPLOYMENT (DWC Form-074) Send the completed DWC Form-074 to the requestor. Do not send a copy to TDI-DWC.</p> <p>I. CONTACT INFORMATION</p> <table border="1"> <tr> <td>1. Injured Employee Name (First, Last, M.I.)</td> <td>2. Date of Injury (mm/dd/yyyy)</td> <td>3. Social Security Number (last four digits) XXX-XX-</td> </tr> <tr> <td>4. Employer Name</td> <td>5. Employer Mailing Address</td> <td></td> </tr> <tr> <td>6. Employer Telephone Number</td> <td>7. Name of employer's contact person</td> <td></td> </tr> </table>	1. Injured Employee Name (First, Last, M.I.)	2. Date of Injury (mm/dd/yyyy)	3. Social Security Number (last four digits) XXX-XX-	4. Employer Name	5. Employer Mailing Address		6. Employer Telephone Number	7. Name of employer's contact person	
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Who completes the form:	DWC Form-073	DWC Form-074																							
	Purpose of form:	<p>Treating doctor</p> <ul style="list-style-type: none"> • Provides current work status. • Functional capacity. • Activity restrictions. • Treatment and follow-up. 	<p>Employer</p> <ul style="list-style-type: none"> • Provides description of employee's job duties at the time of injury. • Job description. 																						
	Form provided to:	<p>Treating doctor sends to injured employee, insurance carrier, and employer.</p>	<p>Employer sends directly to treating doctor or requestor.</p>																						

28 TAC Section [129.5](#)





How DWC Form-073 and DWC Form-074 work together





Why DWC Form-073 matters to employers

- Clear communication between all parties.
- Promotes early and safe RTW.
- Supports compliance.
- Minimizes disputes.





Employer contractor forms

DWC Form-081

Agreement Between General Contractor and Subcontractor to Provide Workers' Compensation Insurance

DWC Form-082

Agreement Between Motor Carrier and Owner Operator to Provide Workers' Compensation Insurance

DWC Form-083

Joint Agreement to Affirm Independent Relationship for Certain Building and Construction Workers

DWC Form-084

Exception to Application of Joint Agreement to Affirm Independent Relationship for Certain Building and Construction Workers

DWC Form-085

Agreement Between General Contractor and Subcontractor to Establish Independent Relationship

Labor Code Sections [406.096](#), [406.122](#), [406.123](#), [406.144](#), and [406.145](#)



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Stay in compliance



Stay in compliance

Top employer violations:

Violation of a DWC order to produce documents or reports.

Failure to report an injury in a timely manner.

Failure to file a supplemental report of injury (DWC Form-006).

Failure to file a wage statement (DWC Form-003) in a timely manner.



File accurate wage statement reports

- DWC Form-003, DWC Form-003SD, and DWC Form-003ME.
- Basis for calculating income benefits.
- Must include overtime, bonuses, and similar pay.
- Must be complete and accurate.

28 TAC Section [120.4](#)



Watch CompCourses:





CompCourses

Employer resources



- DWC Form-073, *Work Status Report*.
- RTW program.
- Modified or light duty options.
- Employer works with employee, doctor, and adjuster.
- RTW programs reduce costs and disputes.

Labor Code Sections [408.150](#), [411.103](#), [413.023](#), and [413.025](#)

**RETURN TO WORK
WORKS**
FOR YOU & YOUR EMPLOYEES

Lowers your cost
Eliminates lost time
Helps employees recover



tdi | Division of Workers' Compensation

Read now:





DWC Workplace Safety

- Training.
- Job safety assessment.
- Accident prevention plans.
- Consultation programs.
- Safety inspections.
- Industrial hygienist service.
- Online resources.



Learn more:



Labor Code Sections [411.061-411.068](#) and [411.103](#)



Highlights

- ✓ Workers' compensation protects employers and employees.
- ✓ Rights: choice, protections, dispute process.
- ✓ Responsibilities: notices, reporting, RTW.
- ✓ Compliance avoids penalties.
- ✓ Available resources for employers.



Contact us



DWC Customer Service Line
800-252-7031, option 1