

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:
DWC claim #
Insurance carrier claim #

Application for lifetime income benefits

Este formulario está disponible en español en el sitio web de la División en [add link here to Spanish version form] Para obtener asistencia en español, llame a la División al 800-252-7031.

Part	1.	Injured	emple	hns gave	incurance	carrier	information
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Part 1: Injured employee	and insuran	ce carrier inf	ormation			
1. Employee's name (first, midd	dle, last)	2. Social Security number (last four digits)				
		XXX-XX-				
3. Employee's address (street of	or PO box, city, st	ate, ZIP code)				
4. Insurance carrier's name		5. Adjuster's name (first, last)				
6. Adjuster's phone number	7. Adjuster'	Adjuster's fax number 8. Adjuster's email				
Part 2: Injury information						
9. DWC claim #	10. Date of in	njury (mm/dd/yyy	y) 11. Accru	al date See FAQ. (mm/dd/yyyy)		
and one leg. ☐ Physically traumatic injury	ove the ankle. above the wrist. ave the ankle and uses permanent to the brain tha vision in the per ale. over at least 409 ing the majority ing the majority ing the majority ing the majority	d loss of one hand and complete part results in a performance of rout of the body and of both hands. To one hand and of one foot and of one foot and	manent major n ine daily tasks of d require grafting one foot. the face.	arms or both legs or one arm eurocognitive disorder that of self-care and makes you ng.		
13. Certify with your signatu	re that the ab	ove information	on is correct.			
Signature		Date)			
Employee's name:				For DWC use only		
DWC claim number:						

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FAQ

Application for lifetime income benefits

Learn more about lifetime income benefits (LIBs) in Texas Labor Code Sections 408.161(a)-(b) and 408.1615, Texas Penal Code Section 1.07, and at tdi.texas.gov/wc/employee/lifetimeben.html.

What is the accrual date for LIBs?

This is the date that an injured employee becomes eligible to get LIBs based on any of the conditions in Part 2 of this form.

How do I apply for LIBs?

Send this form to your insurance carrier. The insurance carrier has up to 60 days to approve or deny your benefits. If the insurance carrier approves your benefits, you should get your first LIBs payment within 15 days.

If the insurance carrier does not approve your application, it must send you a notice explaining why. If you don't agree, you can ask for a benefit review conference (BRC) to talk about their decision. A BRC is an informal meeting to talk about disputes. Learn more at https://www.tdi.texas.gov/wc/idr/brc.html.

Where do I send this form?

Send this form to the insurance carrier. Contact your insurance carrier adjuster to get a mailing address, fax number, or email address.

Questions?

Call 800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

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

- Be informed about the information the Texas Department of Insurance, Division of Workers' Compensation (DWC) collects about you.
- Receive and review the information (Government Code Sections 552.021 and 552.023).
- Have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact <u>DWCLegalServices@tdi.texas.gov</u> or go to the Corrections Procedure section at <u>www.tdi.texas.gov</u>.

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