

[Recommended: Insert letterhead here]

Notice of Change of Indemnity Benefit Type

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 changing your workers' compensation income benefits.

The type of benefit you are being paid has changed from [Type of benefit being paid] to [Type of benefit to be paid]. This will start [Effective date of change].

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

- If you get these payments for 8 weeks or more, you can ask us to set up direct deposit into your bank account. You also can ask for payments once a month instead of every week.
- This does not change the medical benefits you get because of your injury.

Find out if you can return to work.

Your employer might have work that your doctor allows. Contact your employer to find out if there is work you can do.

[bar code]

Contact me if you: (1) have questions, (2) need to give more facts about your 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

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 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:

[bar code]

Instructions to the insurance carrier:

Notice of Change of Indemnity Benefit Type (PLN-7) 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 changing the payment of one income benefit type to another or to death benefits.

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

- determination of entitlement to supplemental income benefits;
- entitlement to death benefits after payment of a previous income benefit type (remove statements about medical benefits not changing and about return to work if you are using this PLN to notify beneficiary(ies) about death benefits); or
- changing from impairment income benefits (IIBs) back to temporary income benefits (TIBs).

The change of benefit type from TIBs to IIBs must be reported using the PLN-3b or PLN-3c.

The change of any benefit type to lifetime income benefits must be reported using the PLN-04.

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:

- We have been notified by the Texas Department of Insurance, Division of Workers' Compensation of your entitlement to supplemental income benefits (SIBs). Attached is your first quarterly payment of SIBs.
- We have been notified that the treating doctor's evaluation of maximum medical improvement (MMI) and impairment rating was disputed. The designated doctor said you have not reached MMI, so we are changing your income benefits from impairment income benefits to temporary income benefits.

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.