



## TEXAS DEPARTMENT OF INSURANCE

### General Counsel Division - Legal Section (MS-4D)

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# memo

To: Workers' Compensation System Participants

From: Emily McCoy, Director, Office of Workers' Compensation Counsel

Date: August 30, 2016

RE: Amending Forms to Remove the Social Security Number or to Request Only the Last Four Digits of the Social Security Number

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) is accepting public comments on minor revisions to multiple workers' compensation forms. In an effort to protect confidential information and streamline processes, TDI-DWC is evaluating the necessity of requesting social security numbers on the various workers' compensation forms. The forms listed below have been identified as warranting either: (1) the removal of the social security number field completely, or (2) the request of only the last four numbers of the social security number. The revisions would apply to both the English and Spanish versions of the forms.

If you want to comment on the proposed revisions to the forms, submit your written comments by 5:00 p.m. Central time on September 15, 2016. Send written comments by email to [Rulecomments@tdi.texas.gov](mailto:Rulecomments@tdi.texas.gov) or by mail to:

Texas Department of Insurance, Division of Workers' Compensation  
Maria Jimenez  
Workers' Compensation Counsel MS – 4D  
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TDI-DWC revisions to the following forms would remove the social security number field completely:

- DWC Form-002, *Employer's Report for Reimbursement of Voluntary Payment*;
- DWC Form-025, *Benefit Dispute Settlement*;
- DWC Form-031, *Application for Division Approval of Change in the Payment Period and/or Purchase of an Annuity for Death Benefits*;
- DWC Form-033, *Carrier's Request for Reduction of Income Benefits Due to Contribution*;
- DWC Form-035, *Application for Division Approval of the Purchase of an Annuity for Lifetime Income Benefits*;
- DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*;
- DWC Form-046, *Employee's Request for Acceleration of Impairment Income Benefits*;
- DWC Form-048, *Request to Get Reimbursed for Travel Costs*;

- DWC Form-049, *Request to Schedule a Medical Contested Case Hearing (MCCH)*;
- DWC Form-051, *Employee's Election for Commuted (Lump Sum) Impairment Income Benefits*;
- DWC Form-054, *Notice to Employee: Intention to Request Division Permission to Adjust Benefits*;
- DWC Form-055, *Request to Adjust Average Weekly Wage for Seasonal Employee*;
- DWC Form-056, *Carrier's Request for Seasonal Employee Wage Information from Texas Workforce Commission Records*;
- DWC Form-057, *Request for Extension of Maximum Medical Improvement Date for Spinal Surgery*; and,
- DWC Form-068, *Designated Doctor Examination Data Report*.

TDI-DWC revisions to the following forms would require only the last four numbers of the social security number:

- DWC Form-006, *Supplemental Report of Injury*;
- DWC Form-024, *Benefit Dispute Agreement*;
- DWC Form-032, *Request for Designated Doctor Examination*;
- DWC Form-045A, *Request for a Medical Contested Case Hearing or SOAH Hearing*;
- DWC Form-047, *Employee's Request for Advance of Benefits*; and,
- DWC Form-052, *Application for Supplemental Income Benefits*.

A current version of each form is available on the TDI-DWC website at <http://www.tdi.texas.gov/forms/form20numeric.html>.