TDI InsurED

Workers' Compensation 101

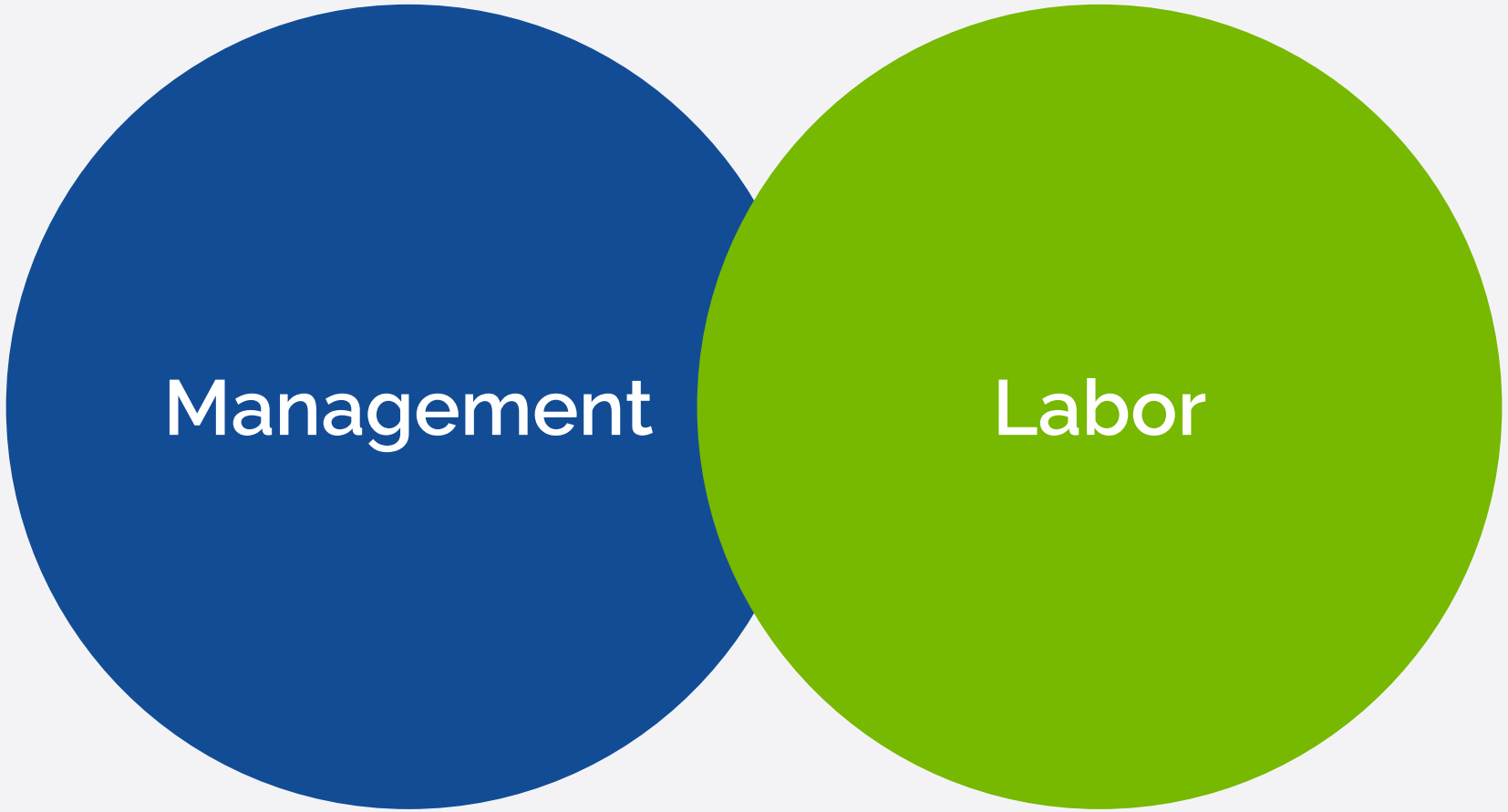
January 25, 2023

TDI | What is workers' compensation?

State-regulated insurance program that:

- Pays medical bills.
- Pays some lost wages.
- Isn't mandatory, with some exceptions.

TDI | The “Grand Bargain”



Employers pay premiums to

Insurance carriers who pay benefits to

Injured employees or their beneficiaries.

TDI | Employee rights

Employees have the right to:

- Sue if employee signs waiver within five days from hire date.
- Receive income benefits.
- Receive reasonable and necessary medical care related to the work injury.
- Get help from the Office of Injured Employee Counsel.
- Access to dispute resolution.
- Hire an attorney to represent them.
- Have their claim kept confidential.
- Choose their treating doctor. May have to choose doctor from network list.

TDI | Employee responsibilities

Employees must:

- Tell employer about an injury or an occupational illness within 30 days.
- Know network status and follow network rules.
- Explain injury to treating doctor.
- Fill out the DWC Form-041 within a year of the injury.
- Update contact information with DWC and insurance carrier.
- Notify DWC and insurance carrier when employment changes.

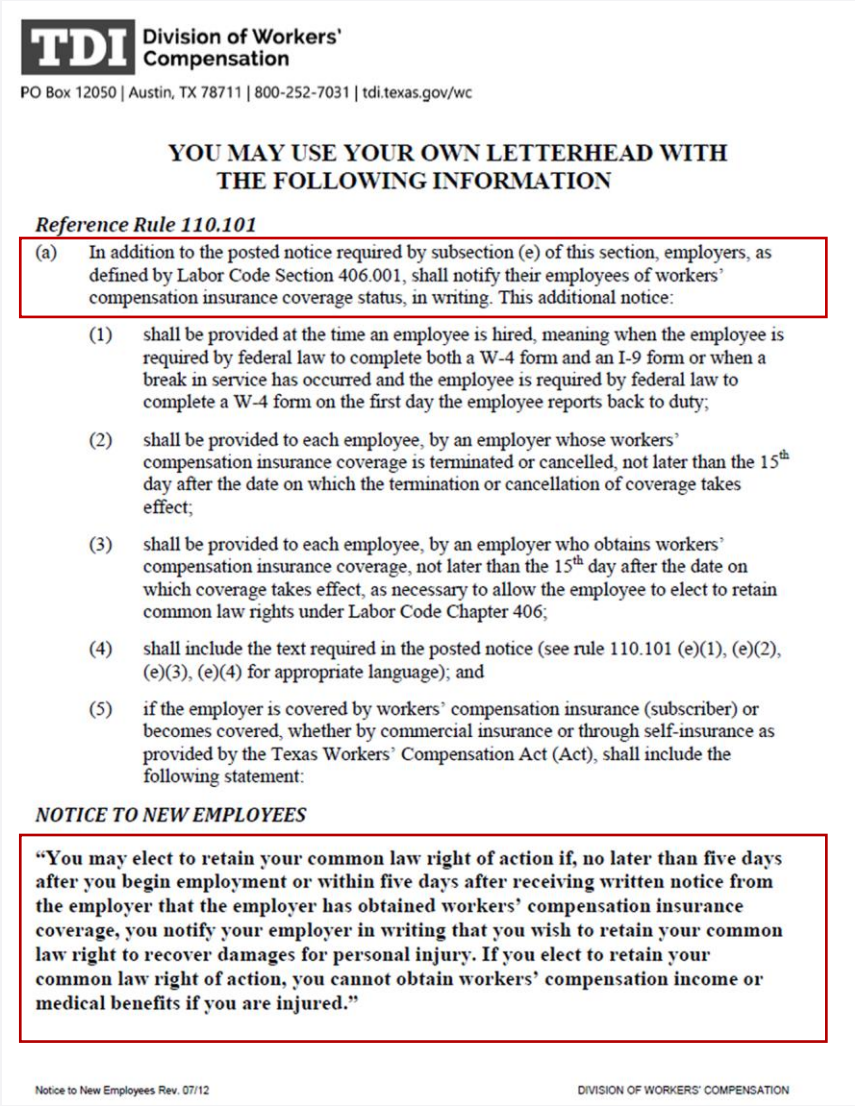
TDI | Employer rights and responsibilities

- Contest claim compensability.
- Be notified of any dispute proceedings.
- Attend and dispute resolution proceedings.
- Should report suspected fraud to DWC.
- Contest lack of accident prevention services. Insurers must provide:
  - Surveys, consultations, training, and recommendations.
  - Accident cause analysis, industrial hygiene, and industrial health services.
- Receive return-to-work services.
  - Workshops and trainings.
  - Employer guide.
  - Reimbursement program.

TDI | Employer responsibilities

Inform employees of coverage status.

- Must be in writing.
- Provided to new employees.
- Follow our New Employee Notice format.



TDI Division of Workers' Compensation

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

YOU MAY USE YOUR OWN LETTERHEAD WITH THE FOLLOWING INFORMATION

Reference Rule 110.101

(a) In addition to the posted notice required by subsection (e) of this section, employers, as defined by Labor Code Section 406.001, shall notify their employees of workers' compensation insurance coverage status, in writing. This additional notice:

(1) shall be provided at the time an employee is hired, meaning when the employee is required by federal law to complete both a W-4 form and an I-9 form or when a break in service has occurred and the employee is required by federal law to complete a W-4 form on the first day the employee reports back to duty;

(2) shall be provided to each employee, by an employer whose workers' compensation insurance coverage is terminated or cancelled, not later than the 15th day after the date on which the termination or cancellation of coverage takes effect;

(3) shall be provided to each employee, by an employer who obtains workers' compensation insurance coverage, not later than the 15th day after the date on which coverage takes effect, as necessary to allow the employee to elect to retain common law rights under Labor Code Chapter 406;

(4) shall include the text required in the posted notice (see rule 110.101 (e)(1), (e)(2), (e)(3), (e)(4) for appropriate language); and

(5) if the employer is covered by workers' compensation insurance (subscriber) or becomes covered, whether by commercial insurance or through self-insurance as provided by the Texas Workers' Compensation Act (Act), shall include the following statement:

NOTICE TO NEW EMPLOYEES

"You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained workers' compensation insurance coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured."

Notice to New Employees Rev. 07/12 DIVISION OF WORKERS' COMPENSATION

TDI | Employer responsibilities

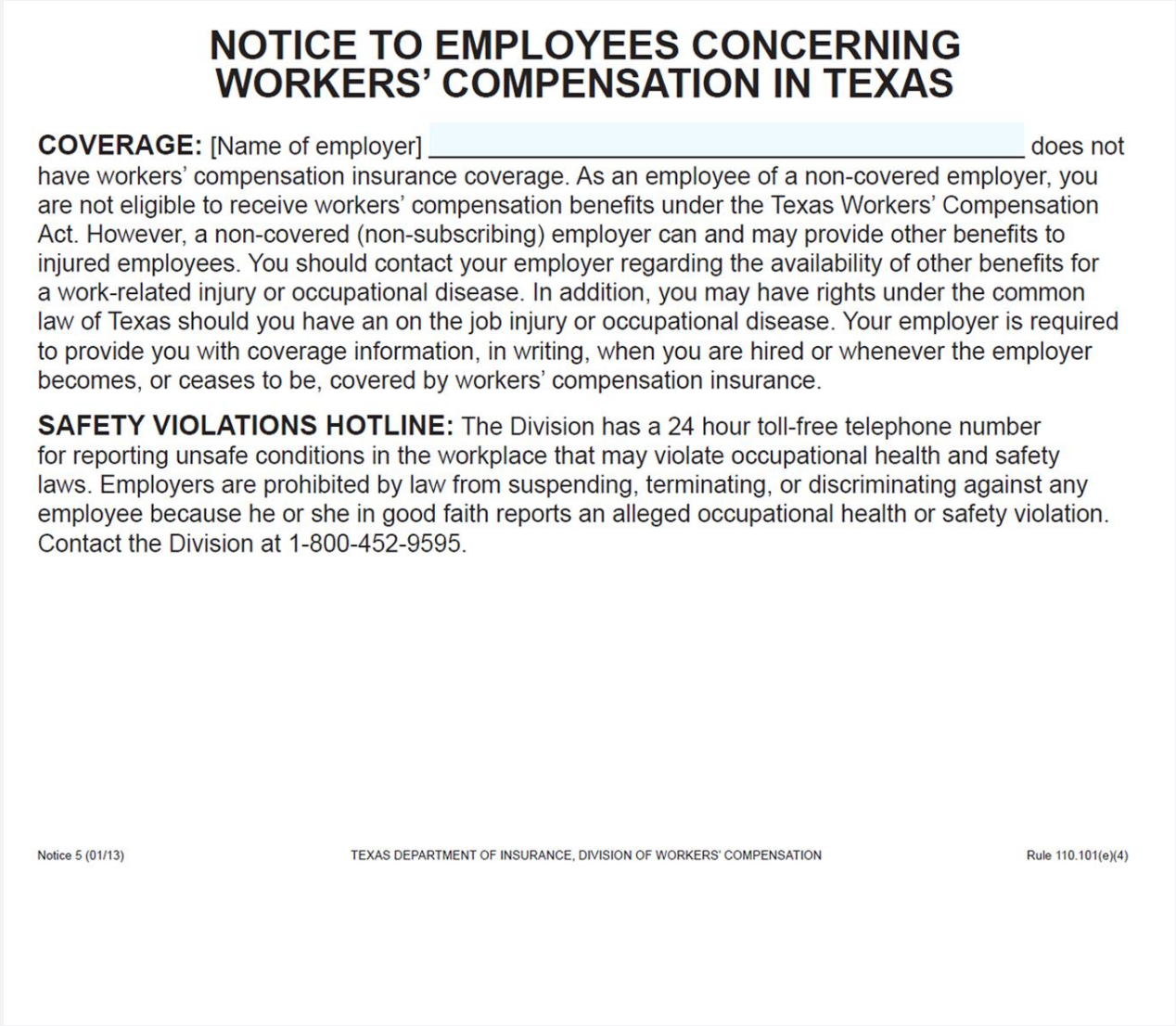
Must inform employees of their coverage status.

- Notice 5 – non-subscribers
- Notice 6 – insurance carrier
- Notice 7 – self-insured
- Notice 10 – self-insured group

TDI | Employer responsibilities

Must inform employees of their coverage status.

- Notice 5 – non-subscribers
- Notice 6 – insurance carrier
- Notice 7 – self-insured
- Notice 10 – self-insured group



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.

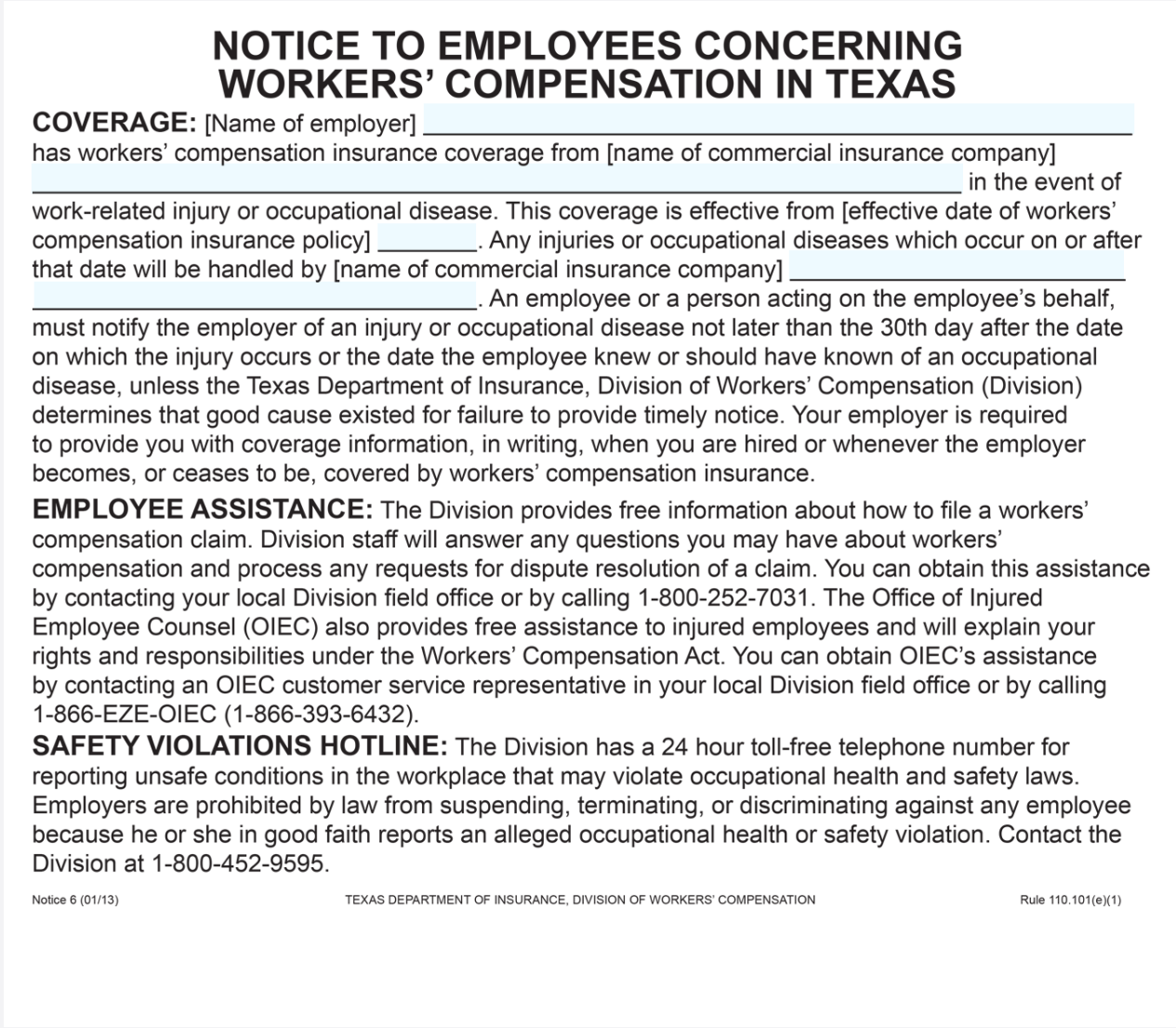
SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she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

Notice 5 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION Rule 110.101(e)(4)

TDI | Employer responsibilities

Must inform employees of their coverage status.

- Notice 5 – non-subscribers
- Notice 6 – insurance carrier
- Notice 7 – self-insured
- Notice 10 – self-insured group



NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] _____ has workers' compensation insurance coverage from [name of commercial insurance company] _____ in the event of work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] _____. Any injuries or occupational diseases which occur on or after 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 explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

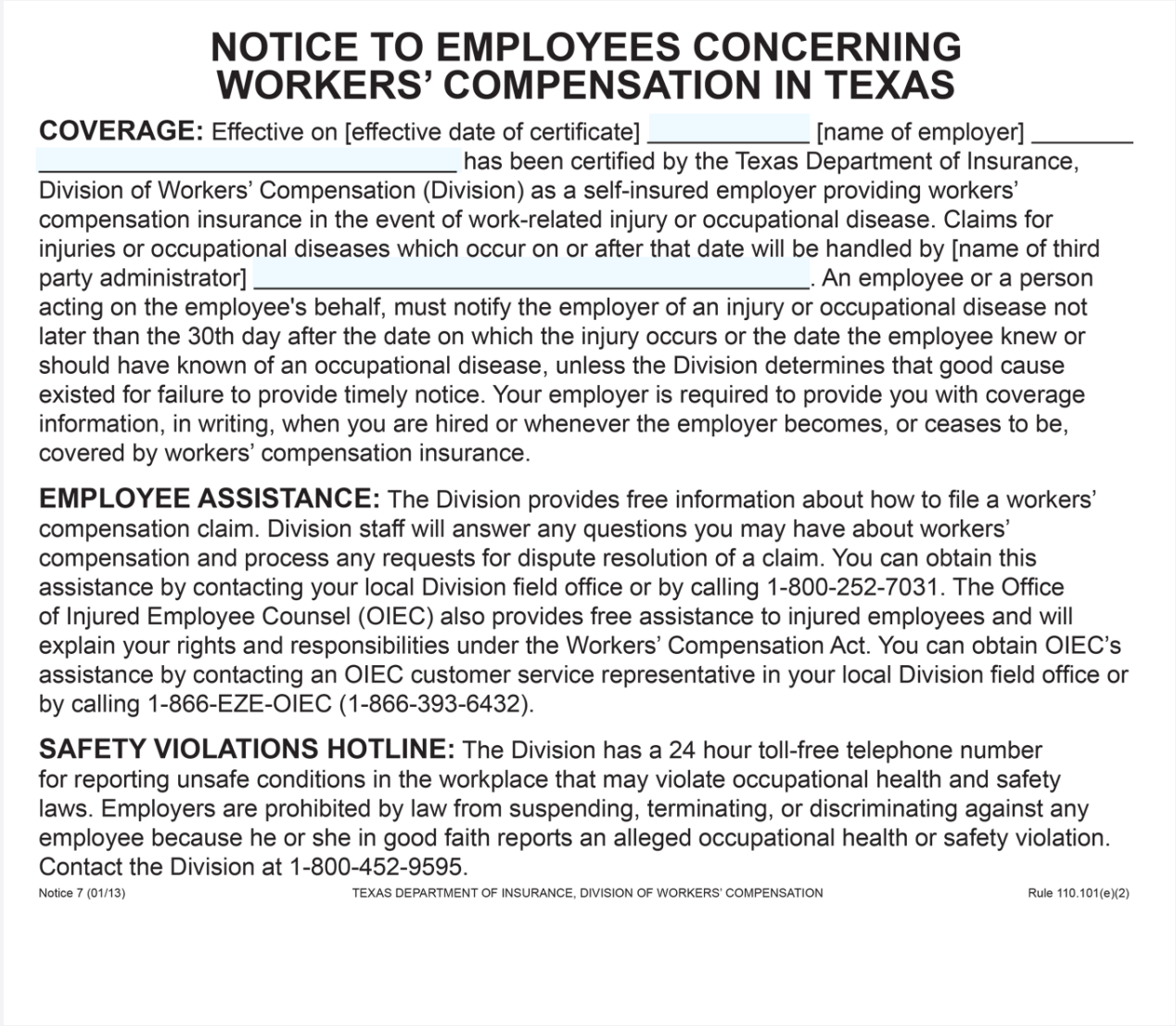
SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she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

Notice 6 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION Rule 110.101(e)(1)

TDI | Employer responsibilities

Must inform employees of their coverage status.

- Notice 5 – non-subscribers
- Notice 6 – insurance carrier
- Notice 7 – self-insured
- Notice 10 – self-insured group



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 knew or 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 explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

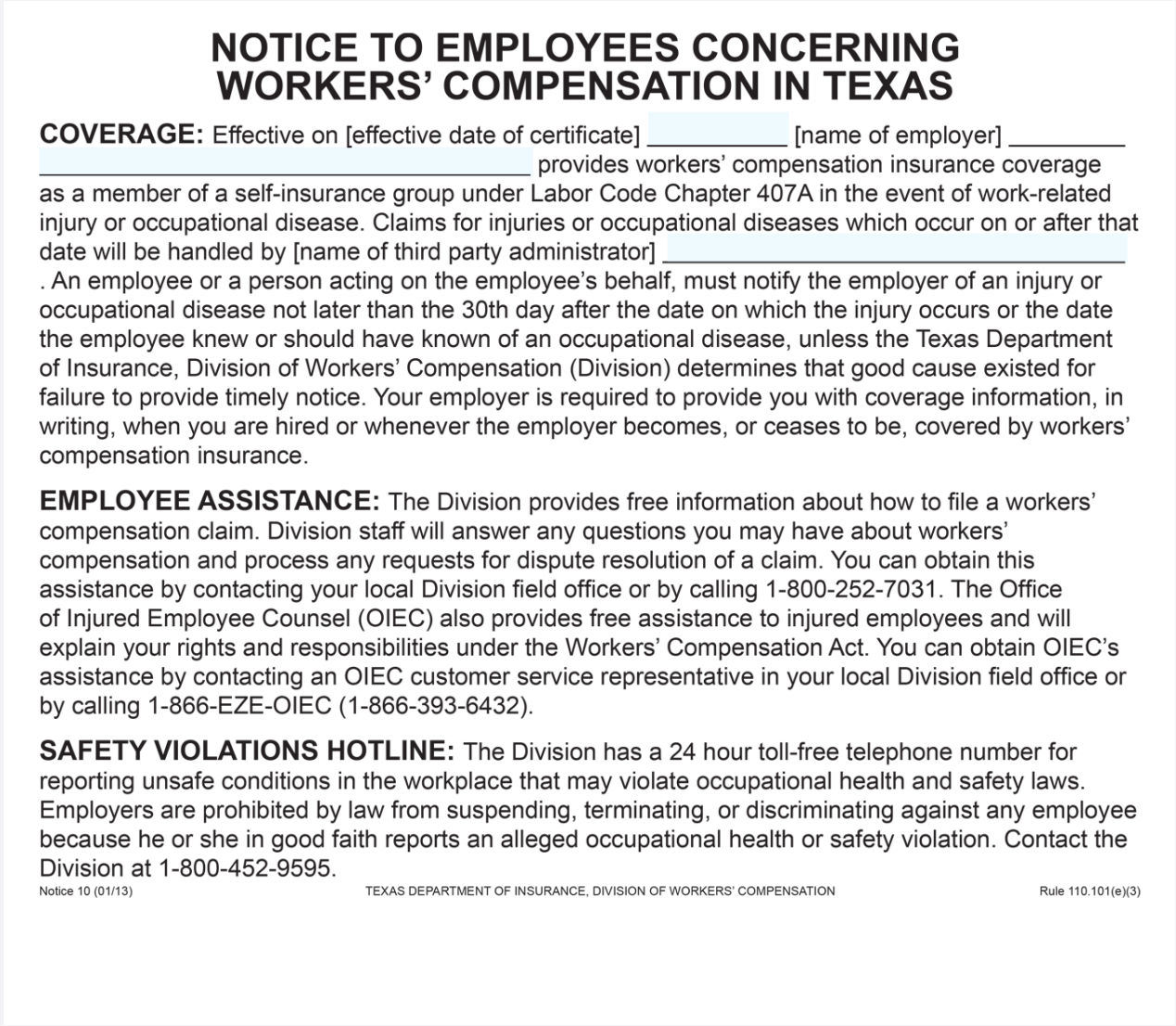
SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she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

Notice 7 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION Rule 110.101(e)(2)

TDI | Employer responsibilities

Must inform employees of their coverage status.

- Notice 5 – non-subscribers
- Notice 6 – insurance carrier
- Notice 7 – self-insured
- Notice 10 – self-insured group



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.

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 explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

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 10 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION Rule 110.101(e)(3)

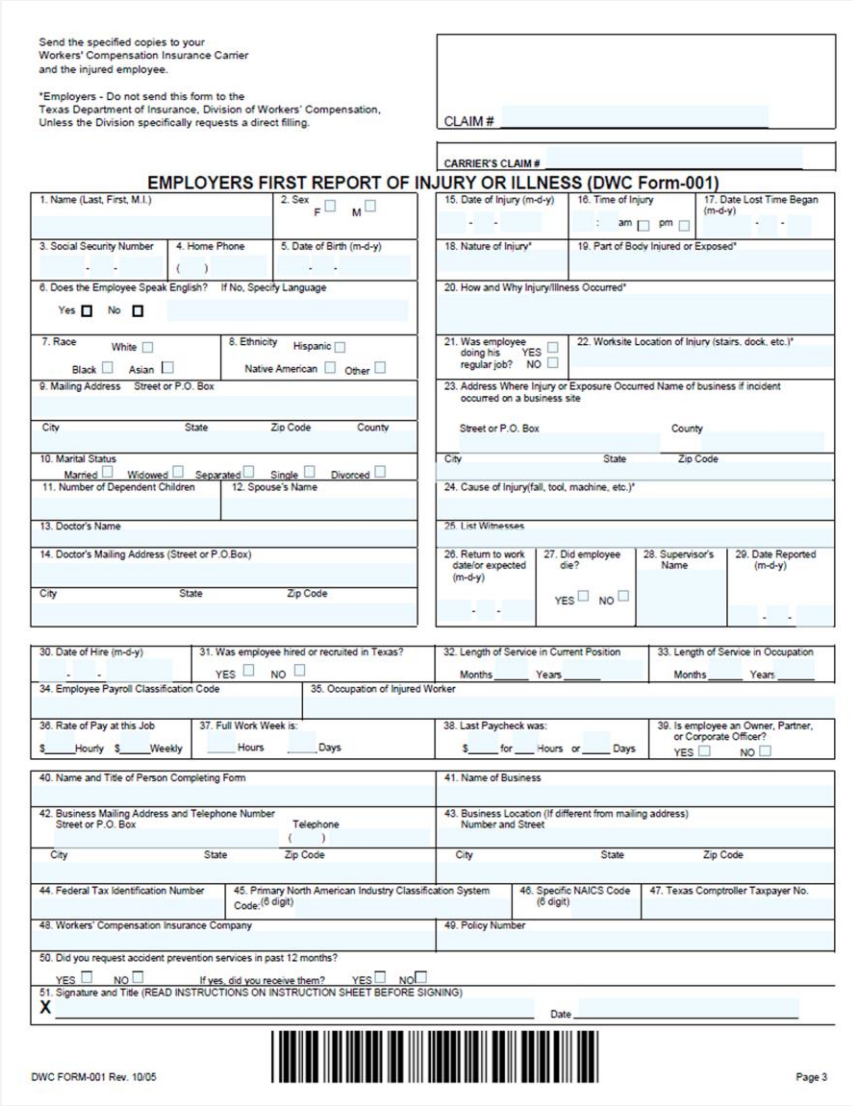
TDI | Employer responsibilities

Submit the DWC Form-001 form within 8 days if an employee:

- Is absent more than a day.
- Is diagnosed with an occupational illness.
- Suffers work-related fatality.

Employers must:

- Keep a record of these reports for 5 years, or according to OSHA standards, whichever is longer.
- Provide a copy to their employee along with a copy of the Employee Rights and Responsibilities.



Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee.

*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, Unless the Division specifically requests a direct filing.

CLAIM #

CARRIER'S CLAIM #

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS (DWC Form-001)

1. Name (Last, First, M.I.) | 2. Sex F M | 15. Date of Injury (m-d-y) | 16. Time of Injury : am pm | 17. Date Lost Time Began (m-d-y)

3. Social Security Number | 4. Home Phone ( ) | 5. Date of Birth (m-d-y) | 18. Nature of Injury* | 19. Part of Body Injured or Exposed*

6. Does the Employee Speak English? If No, Specify Language Yes No | 20. How and Why Injury/Illness Occurred*

7. Race White Black Asian | 8. Ethnicity Hispanic Native American Other | 21. Was employee doing his regular job? YES NO | 22. Worksite Location of Injury (stairs, dock, etc.)*

9. Mailing Address Street or P.O. Box | 23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site

City State Zip Code County | Street or P.O. Box County | City State Zip Code

10. Marital Status Married Widowed Separated Single Divorced

11. Number of Dependent Children | 12. Spouse's Name | 24. Cause of Injury(fall, tool, machine, etc.)*

13. Doctor's Name | 25. List Witnesses

14. Doctor's Mailing Address (Street or P.O.Box) | 26. Return to work date/or expected (m-d-y) | 27. Did employee die? YES NO | 28. Supervisor's Name | 29. Date Reported (m-d-y)

City State Zip Code

30. Date of Hire (m-d-y) | 31. Was employee hired or recruited in Texas? YES NO | 32. Length of Service in Current Position Months Years | 33. Length of Service in Occupation Months Years

34. Employee Payroll Classification Code | 35. Occupation of Injured Worker

36. Rate of Pay at this Job $ Hourly $ Weekly | 37. Full Work Week is: Hours Days | 38. Last Paycheck was: $ for Hours or Days | 39. Is employee an Owner, Partner, or Corporate Officer? YES NO

40. Name and Title of Person Completing Form | 41. Name of Business

42. Business Mailing Address and Telephone Number Street or P.O. Box Telephone ( ) | 43. Business Location (If different from mailing address) Number and Street

City State Zip Code | City State Zip Code

44. Federal Tax Identification Number | 45. Primary North American Industry Classification System Code (6 digit) | 46. Specific NAICS Code (6 digit) | 47. Texas Comptroller Taxpayer No.

48. Workers' Compensation Insurance Company | 49. Policy Number

50. Did you request accident prevention services in past 12 months? YES NO If yes, did you receive them? YES NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)

X Date

DWC FORM-001 Rev. 10/05

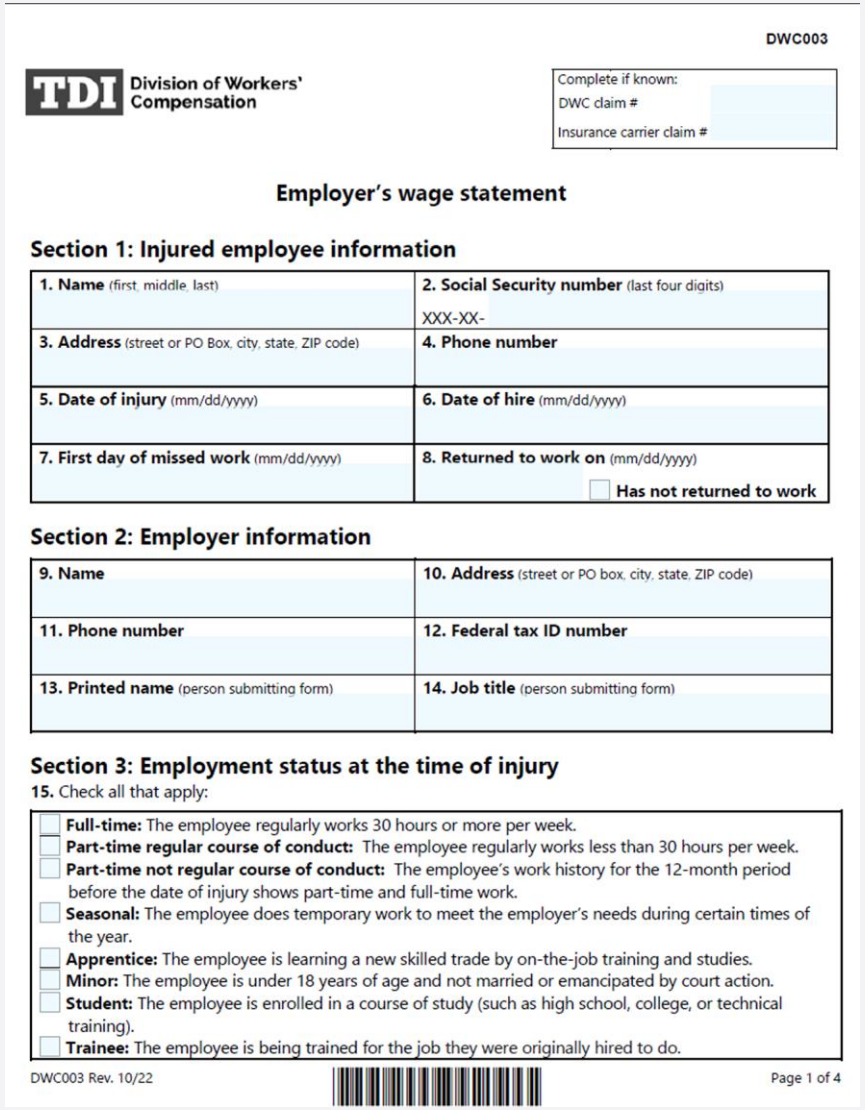
Page 3

TDI | Employer responsibilities

Submit the DWC Form-003 to the insurance carrier and injured employee within 30 days if:

- Income benefits are owed.
- Fatality is work-related.

Submit the form to DWC within 7 days when requested.



DWC003

TDI Division of Workers' Compensation

Complete if known:
DWC claim #
Insurance carrier claim #

Employer's wage statement

Section 1: Injured employee information

1. Name (first, middle, last)	**2. Social Security number** (last four digits) XXX-XX-
3. Address (street or PO Box, city, state, ZIP code)	**4. Phone number**
5. Date of injury (mm/dd/yyyy)	**6. Date of hire** (mm/dd/yyyy)
7. First day of missed work (mm/dd/yyyy)	**8. Returned to work on** (mm/dd/yyyy) ☐ **Has not returned to work**

Section 2: Employer information

9. Name	**10. Address** (street or PO box, city, state, ZIP code)
11. Phone number	**12. Federal tax ID number**
13. Printed name (person submitting form)	**14. Job title** (person submitting form)

Section 3: Employment status at the time of injury

15. Check all that apply:

- ☐ **Full-time:** The employee regularly works 30 hours or more per week.
- ☐ **Part-time regular course of conduct:** The employee regularly works less than 30 hours per week.
- ☐ **Part-time not regular course of conduct:** The employee's work history for the 12-month period before the date of injury shows part-time and full-time work.
- ☐ **Seasonal:** The employee does temporary work to meet the employer's needs during certain times of the year.
- ☐ **Apprentice:** The employee is learning a new skilled trade by on-the-job training and studies.
- ☐ **Minor:** The employee is under 18 years of age and not married or emancipated by court action.
- ☐ **Student:** The employee is enrolled in a course of study (such as high school, college, or technical training).
- ☐ **Trainee:** The employee is being trained for the job they were originally hired to do.

DWC003 Rev. 10/22

Page 1 of 4

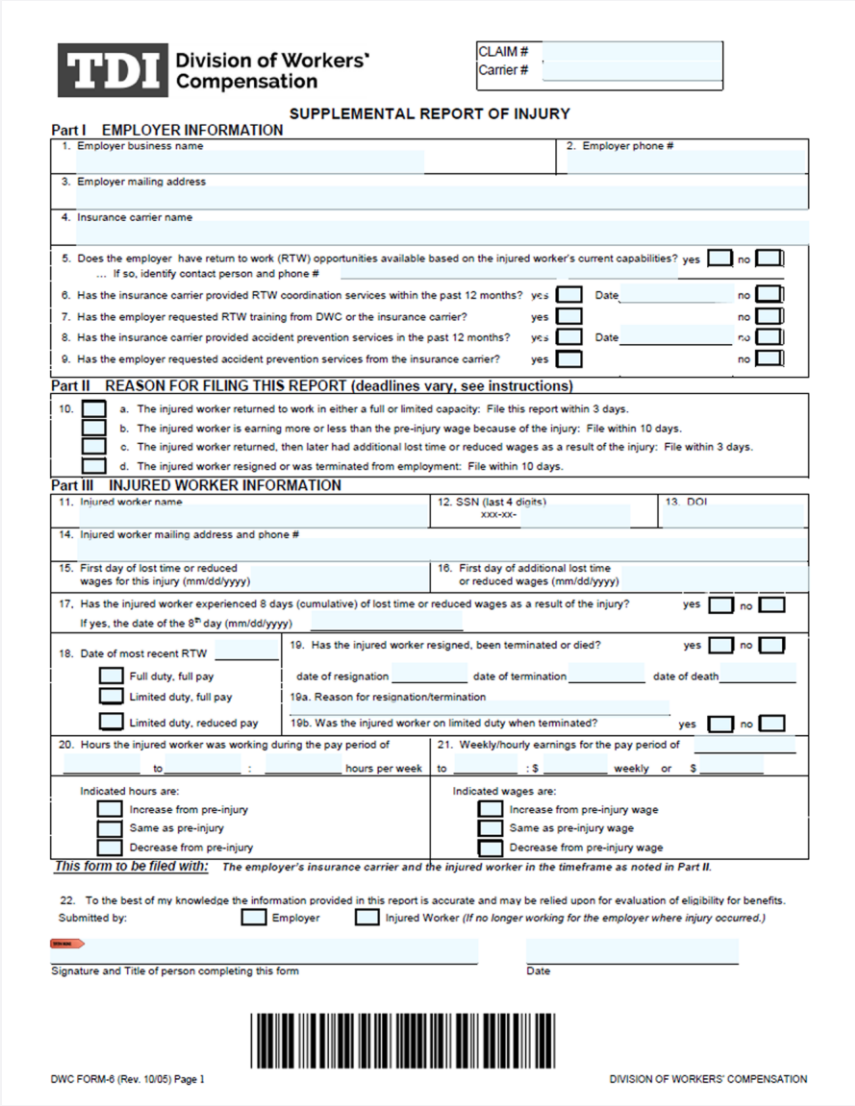
TDI | Employer responsibilities

Submit the DWC Form-006 within 3 days for:

- Lost time.
- Return to work.
- Lost time after return to work.

Submit the form within 10 days for:

- Changes to full-time or part-time status.
- Resignation or termination.



TDI Division of Workers' Compensation

CLAIM #
Carrier #

SUPPLEMENTAL REPORT OF INJURY

Part I EMPLOYER INFORMATION

1. Employer business name
2. Employer phone #
3. Employer mailing address
4. Insurance carrier name
5. Does the employer have return to work (RTW) opportunities available based on the injured worker's current capabilities? yes no
... If so, identify contact person and phone #
6. Has the insurance carrier provided RTW coordination services within the past 12 months? yes Date no
7. Has the employer requested RTW training from DWC or the insurance carrier? yes no
8. Has the insurance carrier provided accident prevention services in the past 12 months? yes Date no
9. Has the employer requested accident prevention services from the insurance carrier? yes no

Part II REASON FOR FILING THIS REPORT (deadlines vary, see instructions)

10.
a. The injured worker returned to work in either a full or limited capacity: File this report within 3 days.
b. The injured worker is earning more or less than the pre-injury wage because of the injury: File within 10 days.
c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury: File within 3 days.
d. The injured worker resigned or was terminated from employment: File within 10 days.

Part III INJURED WORKER INFORMATION

11. Injured worker name
12. SSN (last 4 digits) xxx-xx-
13. DOI
14. Injured worker mailing address and phone #
15. First day of lost time or reduced wages for this injury (mm/dd/yyyy)
16. First day of additional lost time or reduced wages (mm/dd/yyyy)
17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? yes no
If yes, the date of the 8th day (mm/dd/yyyy)
18. Date of most recent RTW
Full duty, full pay
Limited duty, full pay
Limited duty, reduced pay
19. Has the injured worker resigned, been terminated or died? yes no
date of resignation date of termination date of death
19a. Reason for resignation/termination
19b. Was the injured worker on limited duty when terminated? yes no
20. Hours the injured worker was working during the pay period of
to : hours per week
Indicated hours are:
Increase from pre-injury
Same as pre-injury
Decrease from pre-injury
21. Weekly/hourly earnings for the pay period of
to : $ weekly or $
Indicated wages are:
Increase from pre-injury wage
Same as pre-injury wage
Decrease from pre-injury wage

This form to be filed with: The employer's insurance carrier and the injured worker in the timeframe as noted in Part II.

22. To the best of my knowledge the information provided in this report is accurate and may be relied upon for evaluation of eligibility for benefits.
Submitted by: Employer Injured Worker *(If no longer working for the employer where injury occurred.)*

Signature and Title of person completing this form
Date

DWC FORM-6 (Rev. 10/05) Page 1
DIVISION OF WORKERS' COMPENSATION

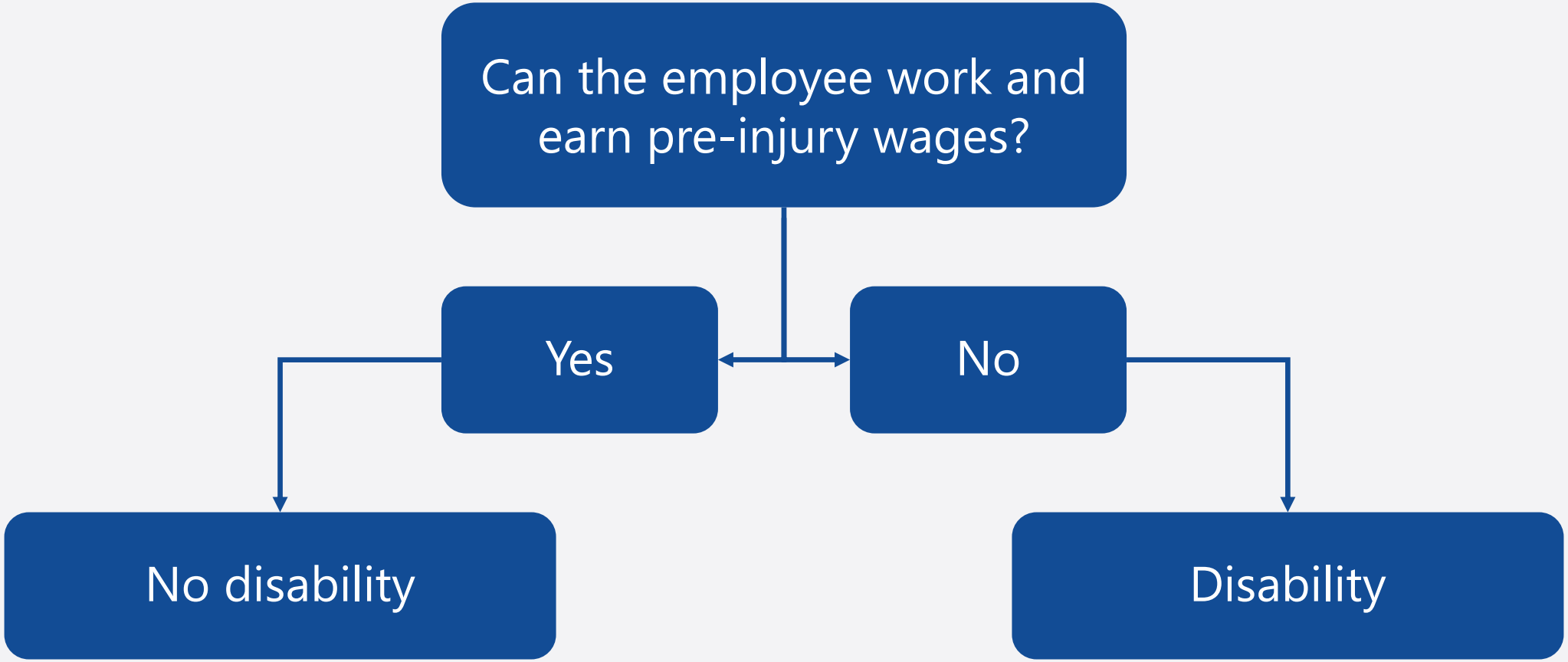
TDI | Employer responsibilities

Employers must provide a safe workplace. Some resources to help are:

- OSHCON consultants.
- Safety training events.
- Safety training resources.
- Accident prevention services from the insurance carrier

TDI | Income benefits

Disability: the inability to earn pre-injury wages



TDI | Temporary income benefits

- An injured employee may be able to get temporary income benefits if a work-related injury or illness causes them to lose some or all of their wages for more than seven days.
- Days can be consecutive or accrued.
- Benefits are paid weekly and should equal 70 or 75% of the difference between the average weekly wage and any money earned after the work-related injury.
- Benefits aren’t paid for the first week unless disability lasts for 14 days or more.
- End once the injured employee is earning their average weekly wages again or maximum medical improvement is reached (medical or statutory).

TDI | Impairment income benefits

- Payments an injured employee may be able to get if they have a work-related injury or illness that affects their body as a whole.
- Must have an impairment rating.
- Disability isn't necessary.
- Benefits are normally paid weekly an equal 70% of the average weekly wage.
- Begin once maximum medical improvement has been reached and end after three weeks are paid for each percentage of impairment.

TDI | Supplemental income benefits

- Must have a 15% impairment rating or higher and apply on a quarterly basis.
- Other requirements include haven’t returned to work, looking for work, not able to earn 80% of average weekly wage, and haven’t received a lump sum payment.
- Benefits are 80% of the difference between 80% of the average weekly wage and any other wages and are paid by the carrier.

TDI | Lifetime income benefits

- An injured employee may be able to get these benefits for certain severe injuries.
- Equal 75% of the average weekly wage with a 3% increase each year.
- Can be requested in writing.

TDI | Death and burial benefits

- Death benefits help families replace some of the money lost when an employee dies from a work-related injury or illness.
- Death benefits are paid to legal beneficiaries like a surviving spouse, minor children, children less than 25 years old enrolled in an accredited college or university, and other dependent family members.
- Must file the Beneficiary Claim for Death Benefits form with supporting documents.
- Benefit amount is 75% of the average weekly wage but amounts for individuals and duration is based on beneficiaries.
- Burial benefits help repay the cost of burial services up to a certain amount when an employee dies from a work-related injury or illness.

TDI | Medical benefits

- Paid for by insurance carrier for treatment that’s compensable and reasonable and necessary.
- Providers can’t bill injured employees.
- Must follow fee guideline or network contract.

TDI | Dispute resolution

- **Benefit review conference:** informal mediation with a benefit review officer.
- **Contested case hearing:** formal hearing with an administrative law judge.
- **Appeals panel:** three-judge panel to review appeals of contested case hearing decisions.
- **Judicial review:** filed in the appropriate court, no longer under TDI-DWC jurisdiction.

TDI | Resources

- Report worker's compensation fraud.
- Return-to-work services.
- DWC forms and notices.
- Income benefits.

- Call 800-252-7031 option 1 for customer service assistance.

- Call 800-687-7080 for workplace safety.
- www.tdi.texas.gov/wc/safety

TDI | Questions