

# Workers' Compensation Claims Resource Guide



2025



TEXAS ASSOCIATION *of* COUNTIES  
RISK MANAGEMENT POOL

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# Introduction

Thank you for participating in the TAC Risk Management Pool Workers' Compensation program. The Pool contracts with a third party administrator, **Sedgwick**, to provide exemplary claims services for member counties and related districts. In tandem, Sedgwick and the Pool strive to provide an easy claims reporting experience. Our goal is to ensure complete member compliance with the Texas Workers' Compensation Act. This resource guide will assist in this endeavor.

Below you will find a brief, chronological overview of employer responsibilities, including information and instructions on employer-required postings, claim forms and quick reference documents.

## Before the Injury: Required Postings

- All county personnel must be notified of workers' compensation coverage. This includes employees and other personnel who the county has elected to cover (elected officials, volunteers, jurors and election workers)<sup>1</sup>. The prescribed [Notice 6: Notice to Employees Concerning Workers' Compensation in Texas](#) and all other notices must be posted in the human resources department and other conspicuous locations in English, Spanish and any other language common to the workplace.
- [Notice 8: Required Workers' Compensation Coverage](#) should be posted when the county contracts with any entity for building or construction services<sup>2</sup>. "Building or construction" refers to erecting or preparing to erect a structure, including a building, bridge, roadway, public utility facility or related appurtenance; remodeling, extending, repairing or demolishing a structure; or otherwise

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<sup>1</sup> DWC Rule §110.101 (e)(1)

<sup>2</sup> DWC Rule §110.110

improving real property or an appurtenance to real property through similar activities<sup>3</sup>.

- Applicable to law enforcement officers, firefighters, emergency medical service employees, paramedics and correctional officers, [Notice 9: Notice Regarding Certain Work-Related Communicable Diseases and Eligibility for Workers' Compensation Benefits](#) must also be posted. This notice stipulates the requirements for preliminary disease testing. As a member benefit, the Pool pays for initial testing for emergency responders.
- [The Employer Notification of Ombudsman Program to Employees](#), which is required by DWC Rule §276.5, provides an overview of the Office of Injured Employee Counsel (OIEC) and the Ombudsman program. This service is free to injured workers. Ombudsmen can assist injured workers in preparing for proceedings, attending proceedings and assisting with appeals.
- [The First Responder Liaison Notice](#) is required to notify all first responders or those who supervise volunteer first responders (EMS, peace officers and firefighters and volunteer first responders) that the OIEC has a liaison available to assist them with their disputes and claims.

## When an Injury Occurs: Employee and Employer Reporting

- The injured worker must report an injury to a supervisor within **30 days** of the date it occurred. Occupational diseases (including repetitive traumas) must be reported to a supervisor within 30 days of the date the employee knew or should have known the condition was work-related. The **sample report of injury** in this guide can be completed by the injured worker as part of an internal accident investigation.
- As required by DWC Rule §120.2, members must notify the Pool within 8 calendar days of receiving notice of a work-related injury, illness or death. The [DWC-1: Employer's First Report of Injury](#) is used for this purpose.

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<sup>3</sup> Texas Labor Code §406.096(e)

- At the same time the DWC-1 is filed with the Pool, the DWC-1 must also be sent to the injured worker, along with a copy of the [\*Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System\*](#). This form can also be part of any new employee orientation. This will eliminate confusion if and when an injury occurs, and will put an injured worker at ease.
  - o The Pool also asks that you provide the injured worker with a Express Scripts ([MyMatrixx flyer](#)) (pharmacy benefit management program information) and, when applicable, Alliance information (see Medical Treatment and Billing for more information on the Alliance).

## Where to File Claim Forms

Members may report injuries and file all claim forms using one of the methods below:

- Online at the [TAC website](#) (Follow the link to the Sedgwick online reporting portal. A user agreement is required for a user ID and password\*)
  - File the First Report of Injury (DWC -1) via email at [7937TACRMP@Sedgwick.com](mailto:7937TACRMP@Sedgwick.com). This link is for reporting claims only.
  - By fax at (512) 346-9321 or phone (800) 752-6301
- \*Members who do not currently have or need to update their credentials to report claims online can contact their adjuster or claims supervisor for a current user agreement form.

## Reporting Wages and Work Status

- Members must send the [\*DWC-3: Employer's Wage Statement\*](#) for all claims with lost time of **8 days or more due to the work-related injury** to ensure proper payment of Temporary Income Benefits and/or when injured workers are eligible for other types of income benefits<sup>4</sup>. A copy of the DWC-3 must also be provided to the injured worker. **Even though employers have 30 days after the 8<sup>th</sup> day of lost time to file the form, it is highly recommended this form is filed upon the**

## 8<sup>th</sup> day of lost time to avoid costly overpayments and underpayments of income benefits.

- o The injured worker may also present wages from a non-claim employer earned in the 13 weeks prior to the injury date to the adjuster on the [\*DWC-3ME: Multiple Employment Wage Statement\*](#). These wages will be combined with the DWC-3 wages and used to calculate income benefits for the injured worker. However, the adjuster will seek reimbursement from the Subsequent Injury Fund at the Division of Workers' Compensation (DWC) for the non-claim employer portion of income benefits paid.
- The [\*DWC-6: Supplemental Report of Injury\*](#)<sup>5</sup> is required when the injured worker:
  - o Returns to work or has additional disability after returning to work. The member must report these dates to the Pool **within 3 calendar days**.
  - o Resigns, is terminated or is paid wages after the date of injury. Members have **10 calendar days** to report this information to the Pool.
  - o A copy of the DWC-6 must also be provided to the injured worker.
  - o An injured worker is responsible for reporting any wages received from other employment on the DWC-6 while receiving Temporary Income Benefits.
- Based on the county requirement to continue salary for law enforcement officers (outlined in the Texas Constitution), as a member benefit, the Pool reimburses members for what would have been paid in Temporary Income Benefits. Members may complete the [\*DWC-2: Employer's Report for Reimbursement of Voluntary Payment\*](#) and submit to the Pool to obtain reimbursement. Employers who do not report the injury timely to the Pool are not eligible for this reimbursement.

<sup>4</sup> DWC Rule §120.4

<sup>5</sup> DWC Rule § 120.3

## Medical Treatment and Billing

- The Pool contracts with the **Political Subdivision Workers' Compensation Alliance, "the Alliance,"** to provide medical treatment for injured workers using evidence-based medicine for the best possible return-to-work outcomes. When a member participates in the Alliance, there is a 4% discount on workers' compensation coverage, and the injured worker is responsible for choosing a treating doctor from a list of doctors on the Alliance website at [www.pswca.org](http://www.pswca.org). Alliance instructions, a posting and an employee acknowledgement are contained in this guide.
- In order to avoid confusion and prevent the claim from being filed with your healthcare insurance company, the injured worker can provide the ["Notification of WC Coverage Provider"](#) to his or her medical provider at the time of treatment.
- If a member chooses not to participate in the Alliance, the injured worker may choose any doctor not barred by the Division of Workers' Compensation from treating injured workers.
- We ask that you provide the treating doctor with functional temporary job descriptions ([DWC-74: Description of Injured Employee's Employment](#)) and work with the adjusters, treating doctors and injured workers concerning available return-to-work options.
- Treating doctors are responsible for scheduling appointments, ordering tests, providing treatment, making referrals, sending required medical reports ([DWC-73: Texas Workers' Compensation Work Status Report](#)) and addressing the injured worker's ability to work. Please note, the workers' compensation law prohibits the Pool from directing medical treatment.

- All medical bills pertaining to the work-related injury should be sent from the medical provider directly to the Pool's third party administrator, Sedgwick, for processing. Please ensure the injured worker presents the Notification of WC Coverage Provider when attending the initial medical appointment. This will prevent the medical provider from erroneously billing a healthcare PPO. PPOs will not release medical records without a signed medical authorization from the injured worker. This can delay treatment and inhibits medical management of the claim.

## Modified Duty and Return-to-Work Procedures

When an injured worker is released to light or modified duty with restrictions, the member should make every attempt reasonably possible to provide modified work. Assistance with finding modified jobs within the county is available through the [Pool's Risk Control Consultants](#).

A [sample Bona Fide Offer of Employment](#) in this packet complies with the requirements stipulated in DWC Rule §129.6. Before an employee returns to work on modified duty, please extend this offer and attach the DWC-73: Work Status Report. Each offer must comply with the doctor's restrictions. A Bona Fide Offer of Employment documents the acceptance or refusal of the modified work. Failure to use the offer can result in the injured worker receiving Temporary Income Benefits when modified duty is readily available at the county. For more information on Return to Work, request a copy of the *TAC RMP Return to Work Resource Guide*.

## Questions?

As always, we appreciate the opportunity to serve Texas counties and related districts. Should you have any questions or suggestions concerning this document or claims reporting, please contact **Stacy Corluccio, Claims Manager**, at [StacyC@county.org](mailto:StacyC@county.org) or (512) 478-8753, ext. 3634.



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

**SEDGWICK**  
**TAC RMP – Dedicated Unit**  
**P.O. Box 14152**  
**Lexington, KY 40512-4152**  
**Toll Free 800-752-6301**  
**Fax 859-264-4061**  
**\*dial 1+last 4 digits for extension**

**Leticia Navarro**  
Claims Manager – Team  
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**Carole Blanchard**  
WC Claims Assistant  
[Carole.Blanchard@sedgwick.com](mailto:Carole.Blanchard@sedgwick.com)  
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**Dedicated Email**  
New Claims, Documents and DWC Forms  
[US-YORK-tacdwcforms@sedgwick.com](mailto:US-YORK-tacdwcforms@sedgwick.com)

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(614) 956-2087-fax

**Utilization Review**  
866-286-0281  
877-922-7236 – fax

**Bill Review**  
866-495-7844 or 800-548-1373  
859-264-4061 - fax

**Claims Administrator, Sedgwick**  
**P.O. Box 14152 Lexington, KY 40512-4152**  
**800-752-6301 Fax 859-264-4061**

# APPENDIX

## »» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved work-related injury prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx Patient Care Contact Center at 800.945.5951.

## Atencion Trabajador Lesionado:

En su Primera visita, por favor usar este documento en cualquiera de la farmacias listadas, al reverso de este documento. Esto acelerara el procesamiento de sus recetas relacionadas con su caso a probado de lesion en el trabajo.

¿Tiene preguntas o necesita ayuda para localizar una farmacia de la red participante? Llame al Centro de contacto de atención al paciente myMatrixx al numero 800.945.5951.



Name: \_\_\_\_\_

ID#: **\*\*Present at Pharmacy** \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Group #: **GJC7937** \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

**WARN ME: OPIOIDS**

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

*Please see other side for a list of participating retail network pharmacies.*

## »» To the Pharmacist:

myMatrixx administers this occupational injury prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-days supply or a cost of \$1500. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx at 888.786.9640.

### Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

## »» To the Supervisor:

Please fill in the information requested for the injured worker.

### Employee Information

\_\_\_\_\_  
First M Last

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Employer Name



# Participating Retail Network Pharmacies



|                     |                    |                             |                     |
|---------------------|--------------------|-----------------------------|---------------------|
| A & P               | Drug Emporium      | Longs Drug Store            | Schnucks            |
| Acme Pharmacy       | Drug Fair          | Major Value                 | Scolari's           |
| Albertson's         | Drug Town          | Marsh Drugs                 | Sedano              |
| Albertson's/Acme    | Drug World         | Medic Discount              | Shaw's              |
| Albertson's/Osco    | Eckerd             | Medicap                     | Shop 'N Save        |
| Albertson's/Sav-On  | Econofoods         | Medistat                    | Shopko              |
| Amerisource Bergen  | EPIC Pharmacy      | Meijer                      | ShopRite            |
| Anchor Pharmacies   | Network            | Minyard                     | Snyder              |
| Arrow               | FamilyMeds         | NCS HealthCare              | Stop & Shop         |
| Aurora              | Farm Fresh         | Neighborcare                | Sun Mart            |
| Bartell Drugs       | Farmer Jack        | Network Pharmaceuticals     | Super Fresh         |
| Bigg's              | Food City          | Northeast Pharmacy Services | Super Rx            |
| Bi-Lo               | Food Lion          | Osco                        | Target              |
| Bi-Mart             | Fred's             | P & C Food Markets          | Texas Oncology Srvs |
| BJ's Wholesale Club | Gemmel             | Pamida                      | The Pharm           |
| Brooks              | Giant              | Park Nicollet               | Thrifty White       |
| Brookshire Brothers | Giant Eagle        | Pathmark                    | Times               |
| Brookshire Grocery  | Giant Foods        | Pavilions                   | Tom Thumb           |
| Bruno               | Hannaford          | Price Chopper               | Tops                |
| Carrs               | Harris Teeter      | Publix                      | Ukrop's             |
| Cash Wise           | H-E-B              | Quality Markets             | United Drugs        |
| Coborn's            | Hi-School Pharmacy | Raley's                     | United Supermarkets |
| Costco              | Hy-Vee             | Randalls                    | Vons                |
| Cub                 | Jewel/Osco         | Rite Aid                    | Waldbaums           |
| CVS                 | Kash n Karry       | Rosauers                    | Walgreens           |
| D&W                 | Keltsch            | Rx Express                  | Wal-Mart            |
| Dahl's              | Kerr               | RXD                         | Wegmans             |
| Dierbergs           | Kmart              | Safeway                     | Weis                |
| Discount Drugmart   | Knight Drugs       | Sam's Club                  | Winn Dixie          |
| Doc's Drugs         | Kroger             | Sav-On                      |                     |
| Dominicks           | LeaderNet (PSAO)   | Save Mart                   |                     |



**POLITICAL SUBDIVISION  
WORKERS' COMPENSATION  
ALLIANCE**

[Injured Workers](#)

[Providers](#)

[About the Alliance](#)

[Contact](#)

[FIND A PROVIDER](#)



## Serving Public Servants

Our members are known for their service to their local communities—at city hall, the county courthouse, in schools, community centers, public utility facilities, and as first responders. If they get hurt on the job, the Alliance is here to make sure these dedicated public servants have access to top quality health care providers. We exclusively serve the members of five (5) public entity risk pools.



### Injured Workers

- [Find a provider](#)
- [Frequently asked questions](#)
- [Contact your adjuster](#)



### Providers

- [Frequently asked questions](#)
- [Provider application](#)
- [Forms](#)

The Political Subdivision Workers' Compensation Alliance (the Alliance) is a 504 network serving 5 public entity risk pools:



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## **IMPORTANT INFORMATION REGARDING POLITICAL SUBDIVISION WORKERS COMPENSATION ALLIANCE DO NOT DISCARD!**

We are pleased that you have elected to utilize medical providers contracted by the the Political Subdivision Workers' Compensation Alliance (Alliance) to treat your injured workers. We have enclosed all the information you will need in order to start using this program.

### **General Instructions for Employers**

#### **1. Employee Notification**

As a participating employer, you are responsible for notifying your employees about the requirement to use health care providers that are under contract with the Alliance. This can be accomplished by providing your employees a copy of the "Employee Notice of Political Subdivision Workers Compensation Alliance (Alliance) Program Requirements." A sample notice is enclosed and is also available online at [www.county.org](http://www.county.org). Notice must be distributed to all employees and should be included in any new hire paperwork or during orientation.

#### **2. Posting Notification**

In addition to providing notice to each individual employee, the posting in this guide should be posted at each of your locations along with your other required postings.

#### **3. Employee Signed Acknowledgement of Notice**

Each employee must sign the "Employee Acknowledgment of the Alliance Direct Contracting Program" form that is included with the notice. The following steps below are suggested to facilitate the notice process:

- i. Provide a copy or email the notice and acknowledgement form to all employees. You may distribute the notice and acknowledgement in a manner that is more electronically convenient, such as use of an intranet.
- ii. Ask all employees to complete and return the acknowledgement form within a specific time frame (we suggest 7 days).
- iii. If the notice will be distributed at a scheduled staff meeting or safety meeting and the signed acknowledgement forms will also be collected, have witnesses available should any employee refuse to sign the form.
- iv. New employees should receive the notice and return a signed acknowledgement as part of their “new hire” process.



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## **Documentation**

Establish a standardized process as indicated above for delivery of notice and acknowledgement form that includes documenting:

- The method of notice delivery
- To whom the notice was delivered
- The location of the delivery
- The date delivered

Please retain copies of the signed acknowledgement form(s) in each employee's personnel file. An employee who refuses to sign is still subject to direct contracting requirements. All refusals should be documented in the employee's personnel file. Please do not return the signed forms to The Texas Association of Counties Risk Management Pool unless it is requested by an adjuster.

## **What to Do When an Injury Occurs**

If appropriate, provide or arrange transportation for the injured employee to a contracted Alliance provider or, if necessary, to the nearest emergency facility.

As a reminder to the employee, you should provide the *Employee Notice of Political Subdivision Workers Compensation Alliance (Alliance) Program Requirements* (a copy is enclosed) to the injured employee at the time the injury is reported to you, or as soon as practical thereafter. The injured employee will need to sign the acknowledgement page. Please keep a copy of the signed form in your records. If necessary, your adjuster will request a copy from you.

Otherwise, you will continue with your usual procedure with regards to reporting work-related injuries. Remind the injured employee of the need to use Alliance providers and advise them how to locate a provider. You can search a list of the direct contract providers from the Alliance website at [www.pswca.org](http://www.pswca.org). If you do not have access to the internet, please contact your adjuster at 800-752-6301 for a list of providers in your area.

## NOTICE OF POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE REQUIREMENTS FOR WORK RELATED INJURIES

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### **Dear Employee:**

Your employer has chosen the Political Subdivision Workers' Compensation Alliance (the Alliance) to manage the health care and treatment you may receive if you are injured at work. The Alliance includes a list of health care providers who are trained in treating work related injuries and getting people back to work safely.

### **When you are injured at work....**

Tell your supervisor or employer immediately. For emergencies, you may go to the nearest emergency room. Otherwise, you must choose a treating doctor from the list on the web site below. Your employer will assist with any questions about how to obtain treatment. You may also contact your adjuster at the Texas Association of Counties (TAC) for any questions about treatment for a work related injury. The TAC Risk Management Fund is your employer's workers' compensation coverage provider. They work with your employer to ensure you receive timely health care. The goal is to return you to work as soon as it is safe to do so.

**When you are injured, you may locate a medical provider on line at [www.pswca.org](http://www.pswca.org).**

**You may contact your adjuster at the TAC Risk Management Fund at 800-752-6301.**



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## Employee Notice of Political Subdivision Workers Compensation Alliance Program Requirements

### Important Contact Information

- Alliance website is [www.pswca.org](http://www.pswca.org)
- Alliance phone number is 1-866-997-7922
- To contact your adjuster call 1-800-752-6301

### **Information, Instructions and your Rights and Obligations**

As your employer, \_\_\_\_\_<insert employer name>\_\_\_\_\_, has elected to utilize the Political Subdivision Workers Compensation Alliance (Alliance) to provide access to contracted physicians and healthcare providers for workers' compensation injuries.

If you are injured at work, tell your supervisor or manager immediately. The enclosed information will help you seek care for your injury. Also, your employer will help with any questions about how to get treatment. You may also contact The Texas Association of Counties Risk Management Pool Workers' Compensation Claims Department at 1-800-752-6301 for any questions about your care and treatment for a work related injury. TACRMP and your employer have formed a team to provide you with timely care and treatment for work related injuries. The goal is to provide quality medical care and return you to work as soon as it is safe to do so.

### **Injured Employees Rights and Obligations**

#### **What to do if you are injured while on the job:**

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating physicians may be available from your employer. A complete list is also available online at [www.pswca.org](http://www.pswca.org) or you may contact your adjuster directly at the following address and telephone number:

**Texas Association of Counties Risk Management Pool**

**P.O. Box 160120**

**Austin, TX 78716**

**1-800-752-6301**

### **In case of an emergency**

If you are hurt at work, you should first notify your employer and they will assist you in locating a provider or emergency care provider.

After you receive emergency care or treatment, you may require ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available at [www.pswca.org](http://www.pswca.org). If you do not have internet access, please call 1-800-752-6301 or contact your employer for a complete listing. The doctor you choose will oversee the care you receive for your work-related injury. Except for emergency care, you must obtain all health care and specialist referrals through your treating doctor.

### **Choosing a Treating Doctor**

If you are injured at work you must choose a treating doctor from the Alliance panel of providers. This is **REQUIRED** for the cost of your medical care for your work related injury to be covered. A provider listing is available through the Alliance website at [www.pswca.org](http://www.pswca.org). It is updated weekly and identifies providers who are contracted with the Alliance and accept workers' compensation patients.

If your treating physician leaves the Alliance you will be notified and you will have the right to choose another treating doctor from the list of providers. If your doctor leaves the Alliance and you suffer a life threatening or acute condition for which a disruption of care would be harmful, your doctor will contact your adjuster to request that you treat with him/her for an additional 90 days.

### **Changing Doctors**

If you become dissatisfied with your initial choice of treating physician, you can complete the *Change of Treating Doctor Form* to select a new treating doctor from the list of Alliance providers. This form is available at [www.county.org](http://www.county.org) and should be completed and submitted to your adjuster for approval *prior* to changing doctors.

### **Referrals**

Referrals are not required for emergency care. Your treating doctor will refer you to other health care providers if necessary for your medical treatment.



### **Payments for Health Care**

Alliance providers have agreed to bill TACRMP for payment in relation to your health care. You should not be required to make payment at the time of your treatment. You may only access non-Alliance health care providers and remain eligible for coverage of your medical costs if one of the following situations occur:

- Emergency care is needed. You should go to the nearest hospital, urgent care, or emergency care facility
- You do not live within 75 miles of a contracted provider
- Your treating physician refers you to a non-Alliance provider or facility AND your adjuster has approved the referral prior to treatment.

### **Non-emergency care**

Once you have selected your treating physician, your adjuster will be notified and they will contact you if additional information is required.

### **Complaints**

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of the operation. This includes a complaint about the Alliance or an Alliance treating physician or facility. It may also be a general complaint about the PSWCA Direct Contracting Program.

Complaints should be addressed to the PSWCA Direct Contracting Program Grievance Coordinator by phone or in writing via email or fax. Complaints should be sent to:

PSWCA Direct Contracting Program  
Attention: Grievance Coordinator  
P.O. Box 763  
Austin, TX 78767  
1-866-997-7922  
[customerservice@pswca.org](mailto:customerservice@pswca.org)



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## Employee Acknowledgement of PSWCA Direct Contracting Program

I have received information that informs me of my employer's election to utilize the Political Subdivision Workers Compensation Alliance (Alliance) and how to obtain health care if I should suffer a work related injury/illness.

If I am injured on the job, I understand that:

1. I must choose a treating doctor from the list of contracted providers provided by my employer or obtain the list myself from [www.pswca.org](http://www.pswca.org)
2. I must go to my treating doctor for all health care related to my injury. If I need a specialist, my treating doctor will refer me. If I require emergency care I may go anywhere.
3. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.
4. Additional information regarding the Alliance is available on TACRMP's website at [www.county.org](http://www.county.org)

---

Signature

Date

---

Printed Name

I live at \_\_\_\_\_

Street Address

---

City, State, Zip Code

---

Name of Employer

**Please indicate whether this is the:**

**Initial Employee Notification**

**Date of Injury Notification (date of injury \_\_\_/\_\_\_/\_\_\_)**

**PLEASE RETURN THIS FORM TO YOUR EMPLOYER**

# Employer Rights and Responsibilities

Information for Employers from the Division of Workers' Compensation

## Workers' Compensation Insurance Coverage

Workers' compensation insurance coverage provides covered employees with income and medical benefits if they sustain a work-related injury or illness. Except as otherwise provided by law; Texas private employers can choose whether or not to provide workers' compensation insurance coverage for their employees. Except in cases of gross negligence or an intentional act or omission of the employer, workers' compensation insurance limits an employer's liability if an employee brings suit against the employer for damages. Certain building or construction employers who contract with governmental entities are required to provide workers' compensation coverage for each employee working on the public project. Some clients may also require their contractors to have workers' compensation insurance.

## Providing Workers' Compensation Insurance

If employers choose to provide workers' compensation, they must do so in one of the following ways:

- purchase a workers' compensation insurance policy from an insurance company licensed by the Texas Department of Insurance (TDI) to sell the coverage in Texas;
- be certified by the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) to self-insure workers' compensation claims; or
- join a self-insurance group that has received a certificate of approval from the TDI.

*Note:* Political subdivisions may self-insure, buy coverage from insurance companies, or enter into inter-local agreements with other political subdivisions that self-insure.

## EMPLOYER RIGHTS

Covered employers have the following rights:

- the right to contest the compensability of a workers' compensation claim if the insurance carrier accepts liability for payment of benefits
- the right to be notified of a proposal to settle a claim or of any administrative or judicial proceeding related to resolution of a claim (after making a written request to the insurance carrier);
- the right to attend dispute resolution proceedings related to an employee's claim and present relevant evidence about the disputed issues;

- the right to report suspected fraud to the TDI-DWC or to the insurance carrier;
- the right to contest the failure of the insurance carrier to provide required accident prevention services; and
- the right to receive return-to-work coordination services as necessary to facilitate an employee's return to employment.

To dispute a workers' compensation claim, an employer may file the DWC Form-004, and the DWC Form-045, *Request to Schedule, Reschedule or Cancel a Benefit Review Conference (BRC)*, which may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html> or by calling 1-800-252-7031.

## Non-Reimbursable Employer Payments

An employer is not entitled to and cannot seek reimbursement from the employee or insurance carrier if after a work-related injury or illness they voluntarily:

- continue to pay the injured employee's salary continuation; or
- pay the injured employee salary supplementation to supplement income benefits paid by the insurance carrier.

## Employer Voluntary Payments of Benefits

An employer may voluntarily pay income or medical benefits to an employee during a period in which the insurance carrier has:

- contested compensability of the injury;
- contested liability for the injury; or
- has not completed its initial investigation of the injury. *Note:* an employer is only allowed to pay benefits in this situation for the first two weeks after the injury.

For reimbursement, the employer is required to timely report the injury to the insurance carrier and to let the insurance carrier know, within 7 days of beginning

**For further assistance, call**

**1-800-252-7031 or visit**

<http://www.tdi.texas.gov/wc/employer/index.html>

This publication is a summary and is presented for informational purposes only. It is not a substitute for the statute and TDI-DWC rules. For questions about TDI-DWC rules, call Customer Assistance at 1-800-252-7031. CS05-017F(1-12)

voluntary payments, that voluntary payments are being made. The insurance carrier is only required to reimburse the employer for the amount of benefits the insurance carrier would have paid. If the employer made payments in excess of what the insurance carrier would have paid, the excess amount is not reimbursable, unless there is a written agreement between the injured employee and the employer that the excess amount can be recouped from future impairment income benefits paid by the insurance carrier, if any. The employer must file the DWC Form 002, *Employer's Report for Reimbursement of Voluntary Payment*. The DWC Form-002 may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html> or by calling 1-800-252-7031.

## **EMPLOYER RESPONSIBILITIES**

### **Reporting Workers' Compensation Insurance Coverage to Employees**

Employers must tell their employees that they carry workers' compensation insurance by providing a written notice of coverage to new employees upon hire. The written notice must inform employees of their right to reject workers' compensation coverage and retain their common law right of action. This notice must be in the wording and format prescribed by TDI-DWC's *New Employee Notice*.

Employers must also post a written notice at their place of business telling their employees that they carry workers' compensation insurance. This notice must be in the wording and format prescribed by TDI-DWC's Notice 6, *Notice to Employees Concerning Workers' Compensation in Texas*. The notice must be in English, Spanish, and any other language that is common to the employees and must be posted at conspicuous locations at the employers' place of business.

A written notice must be provided again to each employee and the Notice 6 must be updated when changes in coverage status (obtained, terminated, or canceled) occur. The TDI-DWC's *New Employee Notice* and Notice 6 may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html> or by calling 1-800-252-7031.

### **Reporting Injuries and Illnesses**

Employers are required to report to its insurance carrier, within 8 days, any:

- work-related injury resulting in the employee's absence from work for more than one day;

- occupational disease of which the employer has knowledge; and
- work-related fatality.

Employers should report these injuries and illnesses using the DWC Form-001, *Employer's First Report of Injury or Illness*. An employer must keep a record of all work-related injuries, illnesses and fatalities for at least 5 years after the date the record was created, or for the period of time required by the Occupational Safety and Health Administration (OSHA), whichever is longer.

The employer must also provide a copy of the completed DWC Form-001 to the injured employee, along with a copy of the *Notice of the Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System*. The DWC Form-001 may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html>. The employee's notice of rights and responsibilities may be obtained from the TDI website at <http://www.oiec.texas.gov/resources/ierightsresp.html>. Both forms may also be obtained by calling 1-800-252-7031.

### **Employer's Wage Statement & Supplemental Report of Injury**

An employer must report an injured employee's wages and other fringe benefits (i.e. health premiums, uniform allowance, etc.) to the insurance carrier. The employer is required to send the DWC Form-003, *Employer's Wage Statement*, to the insurance carrier and the injured employee within 30 days of the earliest of: the date the employer is notified that the employee is entitled to income benefits; or the date of employee's death as a result of a compensable injury.

An employer must also report any changes in an injured employee's pay or employment status to the insurance carrier. The employer must send the DWC Form-006, *Supplemental Report of Injury*, to the insurance carrier and the injured employee within:

- 10 days from the end of a pay period in which an employee's pay changes;
- 10 days from the date an employee resigns or is terminated;
- 3 days from the date the employee begins to lose time from work as a result of the injury;
- 3 days from the date an employee returns to work; and
- 3 days from the date an injury causes an employee to miss additional work after returning to work.

## Safe Workplace

Employers must take all actions reasonably necessary to ensure a safe workplace and take all steps reasonably necessary to protect the life, health and safety of the employees.

## Compliance

Employers that fail to comply with workers' compensation requirements commit an administrative violation and may be subject to administrative penalties. The information provided in this fact sheet and workers' compensation requirements are pursuant to: Texas Labor Code §§406.002, 406.005, 406.007, 406.033, 406.034, 406.096, 408.003, 408.001, 409.011, 409.005, 409.006, 411.032, 411.103 and 413.021; and 28 Texas Administrative Code §§110.101, 120.1, 120.2, 120.3, 120.4, 126.13, 129.7 and 160.3.

If you have any questions regarding reporting requirements or compliance with the law, contact TDI-DWC at 1-800-252-7031. For more information on workers' compensation for employers, visit the TDI website at <http://www.tdi.texas.gov/wc/employer/index.html>.

# 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.

## **COVERED EMPLOYER**

Texas Workers' Compensation Rule 110.101(e)(1) requires employers who are covered by workers' compensation through a commercial insurance company to advise their employees that they do have workers' compensation insurance coverage and to advise their employees of the Texas Department of Insurance, Division of Workers' Compensation's toll free number to obtain additional information about their workers' compensation rights.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(1).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

**Do Not Post This Side**

# REQUIRED WORKERS' COMPENSATION COVERAGE

The law requires that each person working on this site or providing services related to this construction project must be covered by workers' compensation insurance. This includes persons providing, hauling, or delivering equipment or materials, or providing labor or transportation or other services related to the project, regardless of the identity of their employer or status as an employee.

Call the Division of Workers' Compensation at 1-800-252-7031 or access the division's website at [www.tdi.texas.gov/wc/indexwc.html](http://www.tdi.texas.gov/wc/indexwc.html) to receive information on the legal requirement for coverage, to verify whether your employer has provided the required coverage, or to report an employer's failure to provide coverage.



## **TO THE EMPLOYER/CONTRACTOR:**

Pursuant to Workers' Compensation Rule 110.110 (d)(7), a contractor engaged in a building or construction project for a government entity is required to post a notice on each project site informing all persons providing services on the project that they are required to be covered by workers' compensation insurance. The notice required by this does not satisfy other posting requirements imposed by the Texas Workers' Compensation Act or other Workers' Compensation Rules. This notice must:

- (1) be posted in English, Spanish and any other language common to the employer's employee population;
- (2) be displayed on each project site;
- (3) state how a person may verify current coverage and report failure to provide coverage;
- (4) be printed with a title in at least 30-point bold type and text in at least 19-point normal type; and
- (5) contain the exact words as prescribed in Rule 110.110 (d)(7).

The notice on the reverse side meets the above requirements. Failure to post the notice as required by this rule is a violation of the Act and Workers' Compensation Rules. The violator may be subject to administrative penalties.

**DIVISION OF WORKERS' COMPENSATION  
NOTICE REGARDING CERTAIN WORK-RELATED COMMUNICABLE  
DISEASES AND ELIGIBILITY FOR WORKERS'  
COMPENSATION BENEFITS**

**TO: LAW ENFORCEMENT OFFICERS, FIRE FIGHTERS, EMERGENCY MEDICAL SERVICE EMPLOYEES, PARAMEDICS, AND CORRECTIONAL OFFICERS**

In order to qualify for workers' compensation benefits, an employee who claims a possible work-related exposure to a reportable disease, including HIV infection, must be tested for the disease not later than the 10th day after the exposure and must provide their employer with documentation of the test and a sworn affidavit of the date and circumstances of the exposure. The test result must indicate the absence of the disease. The employee is not required to pay for the test.

Reportable diseases are those communicable diseases and health conditions required to be reported to the Texas Department of State Health Services. Exposure criteria and testing protocol must conform to Texas Department of State Health Services requirements.

**TO: ALL STATE EMPLOYEES**

In order to qualify for workers' compensation benefits, a state employee who claims a possible work-related exposure to human immunodeficiency virus (HIV) infection, must be tested for HIV within 10 days after the exposure and must provide their employer with documentation of the test and a written statement of the date and circumstances of the exposure. The test result must indicate the absence of HIV infection. The employee is not required to pay for the test.

For additional information: Talk to your employer or call the Division of Workers' Compensation at 1-800-252-7031. Also, contact the Texas Department of State Health Services (DSHS) to ensure full compliance with the Health and Safety Code and DSHS rules.

**EMPLOYERS OF EMERGENCY MEDICAL SERVICE EMPLOYEES, PARAMEDICS, FIRE FIGHTERS, LAW ENFORCEMENT OFFICERS OR CORRECTIONAL OFFICERS:**

Pursuant to Workers' Compensation Rule 110.108, employers of emergency medical service employees, paramedics, fire fighters, law enforcement officers or correctional officers must post a notice informing employees about requirements contained in the Health and Safety Code which could affect qualifying for workers' compensation benefits following a work-related exposure to a reportable communicable disease. This notice must:

- 1) be posted in the employer's personnel office, if any;
- 2) be posted in the workplace where employees are likely to read the notice on a regular basis
- 3) be printed with a title in at least 15 point bold type and the text in at least 14 point normal type
- 4) contain the text as set out in rule 110.108(d)
- 5) be posted in English and Spanish, or in English and any other language common to the employee's affected employee population.

The notice on the reverse side meets the above requirements. Failure to post the notice as required by this rule is a violation of the Texas Workers' Compensation Act and Division rules and may subject the violator to administrative penalties.

The cost of testing for exposure to a reportable communicable disease shall be paid by the employer's workers' compensation insurance carrier.

**STATE AGENCIES:**

Pursuant to Workers' Compensation Rule 110.108 each state agency must post a notice informing employees about requirements which may affect qualifying for workers' compensation benefits following a work related exposure to human immunodeficiency virus (HIV). The notice must:

- 1) be posted in the agency's personnel office;
- 2) be posted in the workplace where employees are likely to read the notice on a regular basis
- 3) be printed with a title in at least 15 point bold type and the text in at least 14 point normal type
- 4) contain the text as set out in rule 110.108(d)
- 5) be posted in English and Spanish, or in English and any other language common to the employee's affected employee population.

The notice on the reverse side meets the above requirements. Failure to post the notice as required by this rule is a violation of the Texas Workers' Compensation Act and Division rules and may subject the violator to administrative penalties.

The cost of testing for exposure to a reportable communicable disease shall be paid by the employer's workers' compensation insurance carrier.

**DO NOT POST THIS SIDE**

# NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

Have you been injured on the job? As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: 1-866-393-6432. More information about OIEC and its Ombudsman Program is available at the agency's website ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

## OMBUDSMAN PROGRAM

WHAT IS AN OMBUDSMAN? An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has a workers' compensation adjuster's license and has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them. If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation. Once a proceeding is scheduled an Ombudsman can:

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
- Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.

CONNECT  @OIEC  @OIECTexas  @OIECtube  [oiec.texas.gov](http://oiec.texas.gov)

Figure 28 TAC §276.5(c) - April 2018



# AVISO PARA LOS EMPLEADOS SOBRE LA ASISTENCIA DISPONIBLE EN EL SISTEMA DE COMPENSACIÓN PARA TRABAJADORES POR PARTE DE LA OFICINA DE ASESORÍA PÚBLICA PARA EL EMPLEADO LESIONADO

¿Se ha lesionado en el trabajo? Como empleado lesionado en Texas, usted tiene derecho a recibir asistencia gratuita por parte de la Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel –OIEC, por su nombre y siglas en inglés). OIEC es la agencia estatal que asiste a los empleados lesionados que no cuentan con representación legal con su reclamación en el sistema de compensación para trabajadores.

Usted puede comunicarse con OIEC llamando a su número de teléfono gratuito: 1-866-393-6432. Más información sobre OIEC y sobre el Programa de Ombudsman se encuentra disponible en el sitio web de la agencia ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

## PROGRAMA DE OMBUDSMAN

¿QUÉ ES UN OMBUDSMAN? Un Ombudsman es un empleado de OIEC que le puede asistir si usted tiene una disputa con la aseguradora de su empleador. La asistencia por parte del Ombudsman es gratuita. Cada Ombudsman cuenta con una licencia de ajustador de compensación para trabajadores y ha completado un extenso programa de capacitación, el cual ha sido diseñado específicamente para asistirle a usted con su disputa.

Un Ombudsman puede ayudarle a identificar y desarrollar los asuntos en disputa en su caso e intentar resolverlos. Si los asuntos no pueden ser resueltos, el Ombudsman puede ayudarle a solicitar un procedimiento de resolución de disputas ante el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation, por su nombre en inglés). Una vez que el procedimiento ha sido programado, el Ombudsman puede:

- Ayudarle a prepararse para el procedimiento (Conferencia para Revisión de Beneficios [Benefit Review Conference, por su nombre en inglés] y/o Audiencia para Disputar Beneficios [Contested Case Hearing, por su nombre en inglés]);
- Asistir al procedimiento con usted y hablar en su nombre; y
- Ayudarle con una apelación o con una respuesta a la apelación de una aseguradora, si es necesario.

CONÉCTESE  @OIEC  @OIECTexas  @OIECtube  [oiec.texas.gov](http://oiec.texas.gov)

Título 28 Código Administrativo de Texas §276.5(c) - Abril 2018



# OFFICE OF INJURED EMPLOYEE COUNSEL

## NOTICE REGARDING

# FIRST RESPONDER LIAISON TO ASSIST IN WORKERS' COMPENSATION DISPUTES

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TO: First Responders

The Office of Injured Employee Counsel (OIEC) is the state agency that assists, educates, and advocates on behalf of the injured employees of Texas.

OIEC has a designated employee who is the liaison for first responders. The liaison is highly trained as an ombudsman and in the rights of first responders within the workers' compensation system.

As a first responder, you can call (512) 804-4173 or email [firstresponderhelp@oiec.texas.gov](mailto:firstresponderhelp@oiec.texas.gov) for help with your workers' compensation claim.

You can contact OIEC by calling its toll-free telephone number: 1-866-393-6432. More information about OIEC and its Ombudsman Program is available at the agency's website ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

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CONNECT  @OIEC  @OIECTexas  @OIECtube  [oiec.texas.gov](http://oiec.texas.gov)

Figure 28 TAC §276.5(d) - April 2018



# OFICINA DE ASESORÍA PÚBLICA PARA EL EMPLEADO LESIONADO

## AVISO REFERENTE A INTERMEDIARIO PARA EMPLEADOS DE RESPUESTA INMEDIATA PARA AYUDAR EN LAS DISPUTAS DE COMPENSACIÓN PARA TRABAJADORES

PARA: Empleados de Respuesta Inmediata (First Responders, por su nombre en inglés)

La Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel –OIEC, por su nombre y siglas en inglés) es la agencia estatal que asiste, educa, y aboga en nombre de los empleados lesionados en Texas.

OIEC cuenta con un empleado que ha sido designado como intermediario para los empleados de respuesta inmediata. El intermediario está altamente capacitado como ombudsman y también está capacitado en los derechos de los empleados de respuesta inmediata dentro del sistema de compensación para trabajadores.

Como empleado de respuesta inmediata, usted puede llamar al (512) 804-4173 o enviar un correo electrónico a [firstresponderhelp@oiec.texas.gov](mailto:firstresponderhelp@oiec.texas.gov) para recibir ayuda con su reclamación de compensación para trabajadores.

Usted puede comunicarse con OIEC llamando al número de teléfono gratuito: 1-866-393-6432. Más información sobre OIEC y su Programa de Ombudsman está disponible en el sitio web de la agencia ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

CONÉCTESE  @OIEC  @OIECTexas  @OIECtube  [oiec.texas.gov](http://oiec.texas.gov)

Título 28 Código Administra o de Texas §276.5(d) - Abril 2018



## EMPLOYEE'S REPORT OF INJURY

Dear Employee:

We have received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly. **Attach additional sheets if necessary.**

|  |                                      |
|--|--------------------------------------|
| Name: _____<br><small style="margin-left: 40px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">MI</small> <small style="margin-left: 100px;">Maiden</small> | Social Security: _____ Gender: M / F |
| Address: _____   | Date of Injury: _____                |
| City: _____ State: _____   | Employer: _____                      |
| Primary Phone Number: _____  | Job Title: _____                     |
| Secondary Phone Number: _____  | Work Schedule: _____                 |
| Email address: _____   |                                      |
| 1) What was the exact location of the accident (street address if possible):   |                                      |
| 2) What was happening at the time? (What was going on around you, what were you doing, what were other people doing)   |                                      |
| 3) Briefly describe what exactly caused the injury:  |                                      |
| 4) What areas of your body were injured?   |                                      |
| 5) When and to whom did you report your injury?      Date _____ Time _____<br>Name: _____ Title _____ Phone Number: _____  |                                      |
| 6) List all known witnesses. (Continue on back if necessary)      Name _____ Phone: _____<br>Name _____ Phone: _____      Name: _____ Phone: _____   |                                      |
| 7) Please identify your Primary Care Physician or family doctor:      Name: _____ Phone: _____   |                                      |
| 8) Please list the names and phone numbers of all doctors or treatment providers you have seen for your injury:<br>Name: _____ Phone: _____<br>Name: _____ Phone: _____<br>Name: _____ Phone: _____            |                                      |
| 9) Has a doctor taken you off work? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, when was the first day you missed work? _____   |                                      |
| 10) If the doctor took you off work, have you returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No      If not, when do you think you will return to work? _____                         |                                      |
| 11) Date of Last Appointment: _____      11) Date of Next Appointment: _____   |                                      |
| 12) Have you had previous workers compensation injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, please enter dates of injuries and the body parts injured.                      |                                      |
| By affixing my signature, I attest that all information on this form is accurate and true.<br><br>Signature: _____ Date: _____   |                                      |





## Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: [www.oiec.texas.gov](http://www.oiec.texas.gov). You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: [www.tdi.texas.gov](http://www.tdi.texas.gov).

### Your Rights in the Texas Workers' Compensation System:

**1. You have the right to hire an attorney to help you with your workers' compensation claim.**

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at [www.oiec.texas.gov](http://www.oiec.texas.gov).

**2. You have the right to receive assistance from OIEC if you do not have an attorney.**

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

**3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.**

Information about the exceptions can be found at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by visiting with OIEC staff.

**4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.**

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

**5. You may have the right to receive income benefits for your work-related injury.**

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by visiting with OIEC staff.

**6. You may have the right to dispute resolution regarding income and medical benefits.**

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

**7. You have the right to choose a treating doctor.**

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

**8. You have the right for your workers' compensation claim information to be kept confidential.**

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

**Your Responsibilities in the Texas Workers' Compensation System**

**1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.**

**2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).**

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

**3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.**

Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

**4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.**

**5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.**

You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

**6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.**

**7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages.** (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

**8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.**

**9. You are prohibited from making frivolous or fraudulent claims or demands.**



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## Notification of WC Coverage Provider

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To whom it may concern:

\_\_\_\_\_ is covered by The **Texas Association of Counties Risk Management Pool** for compensable workers' compensation injuries that occur in the coverage period from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ . The Pool contracts with Sedgwick to adjust its claims. All medical bills (excluding pharmacy), reports and other supporting documentation may be submitted to the following address for consideration:

TAC Risk Management Pool  
P.O. Box 160120  
Austin, TX 78716

800.752.6301  
512.346-9321 (fax)

[US-YORK-tacdwcforms@sedgwick.com](mailto:US-YORK-tacdwcforms@sedgwick.com)

Please note, all bills are subject to retrospective review, reconsideration, and preauthorization under the Texas Workers' Compensation Act.

With the exception of emergency treatment, if the county participates in the Political Subdivision Workers' Compensation Alliance (Alliance), the treating doctor must be chosen from a list of Alliance doctors located at [www.pswca.org](http://www.pswca.org). Please contact your adjuster at the number above for additional information.

## **Bona Fide Offer of Employment Sample Instructions to the Employee**

PLEASE FOLLOW THE INSTRUCTIONS BELOW:

1. Read the attached letter carefully. If this letter is not clear please contact our office immediately for clarification.
2. Please check the appropriate space below indicating acceptance or denial of the offer of employment.
3. Sign and date the form.
4. Return the letter immediately. A phone call may be made to accept or not accept the position. Refusal to accept the bona fide job offer may affect your temporary income benefits.

# SAMPLE BONA FIDE OFFER OF EMPLOYMENT

(Date)

(Employee name)

(Address 1)

(Address 2)

Re: Bona Fide Offer of Employment

Dear (Employee name):

After reviewing the information provided by your doctor, we are offering you the following temporary work assignment.

This assignment is within your capabilities as described by your doctor on the attached Work Status Report (DWC-73). You will only be assigned tasks consistent with your physical abilities, skills, and knowledge and if any training is required to perform this assignment, it will be provided.

Position title: \_\_\_\_\_

Description of physical requirements of this position: \_\_\_\_\_

Location: \_\_\_\_\_

Duration of assignment: From: (\_\_\_\_\_) To: (\_\_\_\_\_)

Work Hours: From: (\_\_\_\_\_) To: (\_\_\_\_\_)

Wages: \_\_\_\_\_ (Hour, Week, Month)

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

This job offer will remain open for seven (7) calendar days from your receipt of this letter. If you do not respond within seven (7) calendar days, we will presume you have refused this offer. Refusing this offer may impact your income benefits.

We look forward to your return. If you have any questions, please do not hesitate to contact me (include phone number or email address).

Sincerely,

(Signature)

(Typed name and title)

## EMPLOYEE:

\_\_\_\_\_ I have read and understand the requirements of the position and accept the position.

\_\_\_\_\_ I have read and understand the requirements of the position but do NOT accept the position.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

## USEFUL WEBSITES

<http://www.tdi.texas.gov/forms/form20.html> (DWC Forms and Notices)

<http://www.tdi.texas.gov/wc/indexwc.html> (DWC Home page)

<http://www.tdi.texas.gov/wc/employer/index.html> (DWC Resources for Employers)

<http://www.oiec.texas.gov/> (Office of Injured Employee Counsel Web site)

<https://intake.sedgwick.com/> (Sedgwick Claims reporting portal)

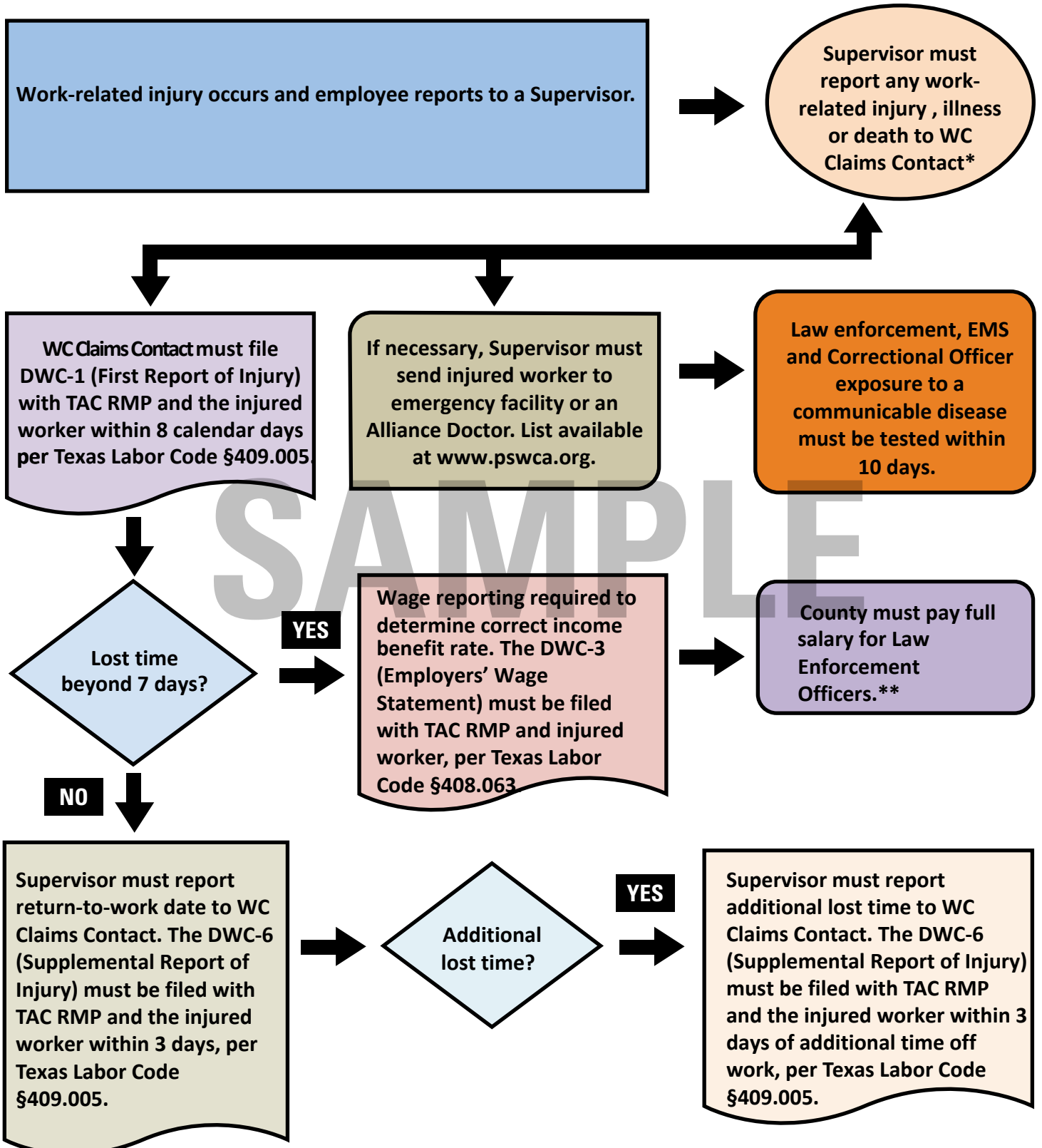
<http://www.tdi.texas.gov/wc/rtw/index.html> (DWC Return to Work Resources)

<http://www.mathematica-mpr.com/our-publications-and-findings/projects/return-to-work-policy-collaborative>

(Office of Disability Employment Policy: Stay at Work/Return to Work)

[www.pswca.org](http://www.pswca.org) (Political Subdivision Workers' Compensation Alliance)

# Workers' Compensation Injury and Claim Reporting Process



\*Designated contact for WC claims reporting.

\*\* Texas Constitution Article 3 Section 52(e)

# Workers' Compensation Injury and Claim Reporting Details

An injured worker must report an on-the-job injury to a supervisor or someone acting in a supervisory capacity within 30 days of the injury or within 30 days of the date the injured worker knew or should have known about an occupational illness.<sup>1</sup>

When an injury is reported, the employer is required to report it to the TAC RMP on the **DWC-1**, First Report of Injury, form within 8 calendar days<sup>2</sup>. Failure to file this form timely or properly can result in an Administrative Violation for the county in the event of an audit or complaint.

Depending on the severity of the injury, the supervisor should assist the injured worker with medical treatment. The injured worker may treat with a doctor or his or her choosing or must treat with an Alliance doctor if the county makes the Alliance mandatory for its employees. The provider list is located at [www.pswca.org](http://www.pswca.org). Please ensure that the injured worker notifies his or her medical provider of the work-related incident to avoid medical bill filing with a healthcare insurance company.

## Communicable Diseases and Required Testing

If the injured worker is a law enforcement officer, EMS employee, paramedic, fire fighter or correctional officer, and is exposed to any of the following communicable diseases, he or she is required to be tested for the following communicable diseases<sup>3</sup> within 10 days of the exposure.

*“Acquired immune deficiency syndrome (AIDS); amebiasis; anthrax; botulism--adult and infant; brucellosis; campylobacteriosis; chancroid; chickenpox; Chlamydia trachomatis infection; cholera; cryptosporidiosis; dengue; diphtheria; ehrlichiosis; encephalitis; Escherichia coli 0157:H7; gonorrhea; Hansen’s disease (leprosy); Heamophilus influenzae type b infection, invasive; hantavirus nfection; hemolytic uremic syndrome (HUS); hepatitis, acute viral; human immunodeficiency virus (HIV) infection; legionellosis; listeriosis; Lyme disease; malaria; measles (Rubeola); meningitis; meningococcal infection, invasive; mumps; pertussis; plague; poliomyelitis, acute paralytic; rabies in man; relapsing fever; Rocky Mountain spotted fever; rubella (including congenital); salmonellosis, including typhoid fever; shigellosis; streptococcal disease, invasive Group A; syphilis; tetanus; trichinosis; tuberculosis; tuberculosis infection in persons less than 15 years of age; typhus; Vibrio infection; viral hemorrhagic fevers; and yellow fever.”*

This list of diseases may change from time to time. To determine the most current list of reportable diseases and exposure criteria, refer to Texas Department of Health rules, 25 TAC Chapter 97, Communicable Diseases.

## Full Salary for Law Enforcement Officers

According to Texas Constitution Article 3 Section 52e, an opinion by the Texas Attorney General regarding detention officers, an appellate court’s opinion regarding a specific case as presented by detention officers, and a Supreme Court opinion, counties are obligated to continue full salary for an injured law enforcement official.

## Employee Resignation or Termination

The county is also required to report when an employee is terminated or resigns. The county has 10 days after the termination or resignation date to file a **DWC-6, Supplemental Report of Injury**, with the TAC RMP and the injured worker<sup>4</sup>.

<sup>1</sup> Texas Labor Code §409.001

<sup>2</sup> Texas Labor Code §409.005

<sup>3</sup> Division of Workers’ Compensation Rule §122.3

<sup>4</sup> DWC Rule §120.3



# QUICK REFERENCE GUIDE: DWC Forms and Postings

|  | County   | TAC RMP  | Injured Worker   |
|--|--|--|--|
| <b>DWC-1: Employer's First Report of Injury</b>                        | The county must complete and send this form to TAC RMP and the injured worker no later than <b>8 calendar days</b> after receiving notice of an injury, occupational illness or a fatality.  | The DWC-1 is used to make contacts for the initial claims investigation. The DWC-1 may also be used to compute Temporary Income Benefits for injured workers in the absence of the DWC-3: Employer's Wage Statement. | The injured worker must complete the <a href="#">DWC-41</a> , not the DWC-1, within 1 year of the date of injury and send to the Division of Workers' Compensation (DWC) at the Texas Department of Insurance. |
| <b>Employee Rights and Responsibilities Notice</b>                     | This document must be provided to the injured worker at the same time the DWC-1 is filed.  | This form is located in the WC Claims Resource Guide, on the TAC RMP website and on the <a href="#">Office of Injured Employee Counsel website</a> .   | Injuries must be reported within 30 days to a supervisor. Occupational illnesses must be reported no later than 30 days from the date the employee knew or should have known the illness was work-related.     |
| <b>myMatrixx Form (pharmacy benefit management)</b>                    | Provide this form to the injured worker along with the DWC-1.  | This form is located in the WC Claims Resource Guide.  | The injured worker must complete this form to ensure proper dispensation of any prescribed medications.  |
| <b>Alliance Participation Information</b>                              | If your county makes the Alliance mandatory, provide the Alliance acknowledgement documents to the injured worker when the DWC -1 is filed. Be sure to collect the Employee Acknowledgement.   | Alliance information is located in the WC Claims Resource Guide. A list of Alliance doctors is located on their website at <a href="http://www.pswca.org">www.pswca.org</a> .  | Injured workers must complete the Employee Acknowledgement and choose a doctor from the Alliance list to ensure medical bills are paid.  |
| <b>DWC-3: Employer's Wage Statement</b>                                | This form must be sent to TAC RMP and the injured worker no later than <b>30 days after the injured worker's 8th day of disability</b> (inability to earn pre-injury wages).   | TAC RMP uses this form to compute all income benefits. When the form is received soon after or on the 8th day of disability, unnecessary overpayments and underpayments are avoided.                                 | The injured worker must receive the Employer's Wage Statement at the same time it is filed with TAC RMP.   |
| <b>DWC-6: Supplemental Report of Injury</b>                            | This form is required <b>within 3 days</b> when the injured worker returns to work or has additional disability after returning to work, and <b>no later than 10 days after the end of a pay period</b> when the injured worker is earning more or less than preinjury wages, resigns or is terminated. It must be sent to TAC RMP and the injured worker. | TAC RMP uses this form to stop, start and reduce Temporary Income Benefits.  | The injured worker must complete this form to report wages when he or she is no longer working for the county.   |
| <b>DWC-2: Employer's Report for Reimbursement of Voluntary Payment</b> | This form may be used to request reimbursement from TAC RMP for salary continuation of law enforcement officials.  | TAC RMP reimburses counties for salary continuation of law enforcement officials only. The amount of the reimbursement is limited to what would have been paid to the injured worker for Temporary Income Benefits.  | This form only applies to law enforcement officials as defined by Labor Code, Article 3, Section 52e of the Texas Constitution.  |
| <b>DWC-4: Employer's Content of Compensability</b>                     | The county may dispute liability for a claim after TAC RMP has investigated and accepted the claim. This form is filed with the DWC Field Office.  | The law allows TAC RMP 15 days after notice of an injury to complete an initial investigation and 60 days total to make a final decision on compensability of a claim.   | This form does <u>not</u> have to be filed with the injured worker.  |

# DWC Form Reporting Instructions

The **DWC-1** may be reported to the Pool:

- Using the [Sedgwick on line portal](#)\*
- Via email: [7937TACRMP@Sedgwick.com](mailto:7937TACRMP@Sedgwick.com)
- Fax: (512) 346-9321

The **DWC-2**, **DWC-3** and **DWC-6** may be reported to Sedgwick:

- Using the [Sedgwick on line portal](#)\*
- Via email: [tacdwcforms@sedgwick.com](mailto:tacdwcforms@sedgwick.com)
- Fax: (512) 346-9321

\*Members must have a login and password to access the Sedgwick on line portal for claims reporting. For more information, please contact Helana Barmore at [HelanaB@county.org](mailto:HelanaB@county.org) (512) 478-8753.

## Employer-Required DWC Notices (Postings) and Records

| DWC Notice 6   | DWC Notice 8**  | DWC Notice 9  | Office of Injured Employee Counsel (OIEC) Notice  |
|--|---|---|---|
| <p><b>Notice to Employees Concerning Workers' Compensation in Texas</b></p> <p><a href="#">This Notice</a> provides the name of the Workers' Compensation coverage provider. It also contains information regarding injured workers' injury reporting responsibilities, Office of Injured Employee Council contact information, and the DWC Safety Violations Hotline.</p> <p>The Notice must be posted in English and Spanish and other languages common to the employer's employee population. It must be posted in the personnel office and where employees frequent. TAC RMP recommends posting in the employee break rooms and restrooms.</p> | <p><b>Required Workers' Compensation Coverage</b></p> <p><a href="#">This Notice</a> should be posted when the county employs general and subcontractors for building and construction. It states that all who work on the site must be covered by workers' compensation insurance.</p> <p>The Notice must be posted in English and Spanish and other languages common to the employer's employee population. It must be posted on each project site.</p> | <p><b>Notice Regarding Certain Work-Related Communicable Diseases and Eligibility for Workers' Compensation</b></p> <p><a href="#">This Notice</a> pertains to law enforcement officers, fire fighters, emergency medical service employees, paramedics, and correctional officers. It states that these employees must be tested within 10 days after an exposure to a communicable disease, including HIV.</p> <p>This Notice must be posted in English and Spanish and any other language common to the county's employee population, in the personnel office, if any, and where employees are likely to read it on a regular basis.</p> | <p><b>Employer's Notice of Ombudsman Program</b></p> <p><a href="#">This Notice</a> informs the injured worker of the existence of the OIEC and its Ombudsmen, who provides free claims assistance to unrepresented injured workers.</p> <p>The Notice must be posted in the personnel office, if any, and in the workplace where each employee is likely to see it on a regular basis. It must be posted in English, Spanish, and any other language that is common to the employer's employees.</p> |

\*\*TAC RMP recommends posting DWC Notice 8 due to the potential for high exposure claims which may occur during construction projects.

**DWC Rule 120.1** requires all employers to keep a record of injuries 5 years from the last day of the year in which the injury occurred or the time required by OSHA, whichever is greater. The record includes the same information that is captured in the DWC-1 Form. The records must be open to inspection by the Division of Workers' Compensation upon at least 5 working days' notice to the employer, at a reasonable time and place. Administrative penalties for failure to maintain or make a record available may be assessed up to \$500.

## Workers' Compensation Injury Checklist

Below is an abbreviated checklist which summarizes the county responsibilities when reporting an injury and ensures compliance with the Texas Labor Code. Refer to the WC Claims Resource Guide for additional information on responsibilities before and after an injury has been reported.

### When an Injury Occurs...

Review the county internal accident investigation and have the employee complete an internal **Employee Report of Injury**. Interview the employee concerning the facts of the accident.

Complete the **Employer's First Report of Injury (DWC-1) form**. Do not ask the injured worker to complete this form. The DWC-1 is an employer-required form.

### Report the Injury to the TAC RMP

Send the **DWC-1** to the TAC RMP within 1 day of the injury.

- Email to [7937TACRMP@sedgwick.com](mailto:7937TACRMP@sedgwick.com). Or, fax the form to (512) 346-9321.
- You may also report injuries on line with credentials and training. For a user ID and password, contact Helana Barmore at [HelanaB@county.org](mailto:HelanaB@county.org), 512 478-8753.

### Items for the Injured Worker

Send the **DWC-1** and the following documents to the injured worker.

**MyMatrixx Flyer** (serves as a temporary prescription card)

**Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System**

If the county participates in the Alliance, be sure to review all the Alliance information in the WC Claims Resource Guide and make sure the employee signs the **Employee Acknowledgement of PSWCA Direct Contracting Program**

### Communication with the Medical Provider

Ensure the provider is aware the accident is/was work-related. **The TAC RMP Notification of WC Coverage Provider** can be used for this purpose.

When you have modified duty available, send the **Description of Injured Employee's Employment (DWC-74)** form to the treating doctor. The doctor has 7 days to respond with a **Texas Workers' Compensation Work Status Report (DWC-73)** form indicating if an injured worker can return to work with or without restrictions.

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Questions concerning this document or injury reporting? Contact [StacyC@county.org](mailto:StacyC@county.org) at (512) 478-8753, ext. 3634.



## **Lone Star County Workers' Compensation Telemedicine Program**

Injured employees can choose to see a doctor via  
Telemedicine by calling:

**888-REDIMD5 (733-4635)**

**24/7 Telemedicine Services for**

**Lone Star County**

**Works with: Smart Phone, Tablets/I-pads,  
Computer with a Webcam and Internet  
connection**

If you have any additional questions, please contact

**Zamayra Cantu at 888-733-4635**

**[zcantu@redimd.com](mailto:zcantu@redimd.com)**



P.O. Box 2131 • Austin, Texas 78768  
(512) 478-8753 • (800) 456-5974 • [county.org](http://county.org)