
Workers’ Compensation

Today

- History
- Basics
- Forms
- The Alliance
- Portal

Why?

Workers' Compensation Insurance

Workers' Compensation Insurance

- Medical expenses
- Lost wages
- Ongoing care
- Funeral expenses

Workers' Compensation

History

Earliest known example of workers' compensation

2050 BC

Ancient Sumeria paid workers for their injuries.

TML
INTERGOVERNMENTAL RISK POOL

The Industrial Revolution

Late 1700s and early 1800s

Hazardous work conditions in factories – cramped and poorly ventilated spaces and risks such as injuries and exposures to chemicals

Rely on the court system

Employers had three laws to avoid liability – “unholy trinity of defenses”

- Contributory negligence
- “Fellow Servant” Doctrine
- Assumption of risk

Sickness and Accident Laws

Late 19th century

Employer's Liability Law of 1871

Limited protection in certain factories, railroads, quarries and mines

Workers' Accident Insurance of 1884

Modern workers' compensation system

Public Pension Insurance

Money for non-work-related illness if unable to work

Public Aid

Safety net if they couldn't return to work because of a disability

U.S. Workers' Compensation Laws

1908 Federal Employers Liability Act

1911 Wisconsin Workers' Compensation Act

1948 Mississippi

1990 Americans with Disabilities Act

Texas Workers' Compensation Act

1913

First Workers' Compensation Laws

1917

Revised

Created-Texas Industrial Accident Board

1974

Texas Municipal League Workers' Compensation

1982 Liability Fund was added

1983 Property Fund was added

Texas Workers' Compensation Act

1987

Joint Select Committee on Workers' Compensation Insurance

1989

Senate Bill 1 – The Act

- Choose to have workers' compensation insurance
- Created Texas Workers' Compensation Commission (TWCC)
- New benefits system

1989

TML Funds collectively renamed – Texas Municipal League Intergovernmental Risk Pool

2005

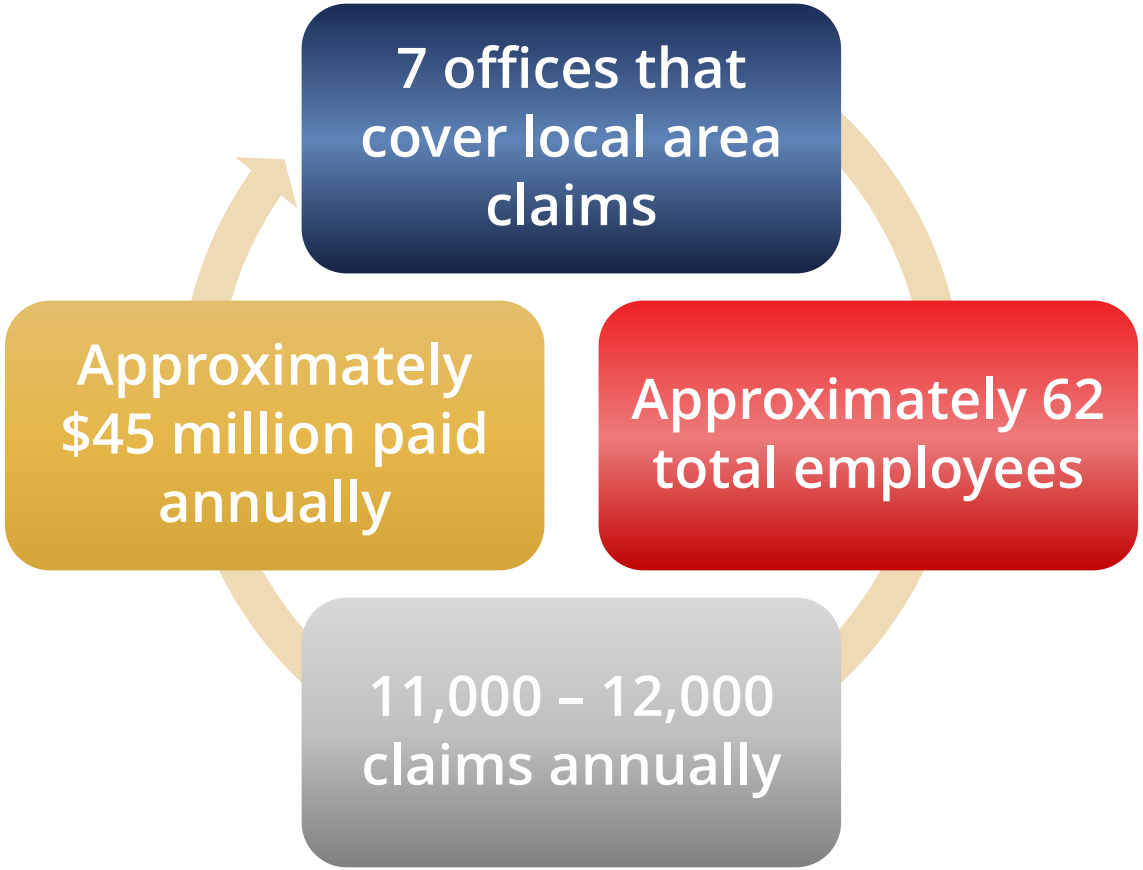
House Bill 7 – Reforms

- Texas Department of Insurance, Division of Workers' Compensation (DWC)
- Stewardship changed
- Office of Injured Employee Counsel (OIEC)
- Healthcare Networks

Workers' Compensation

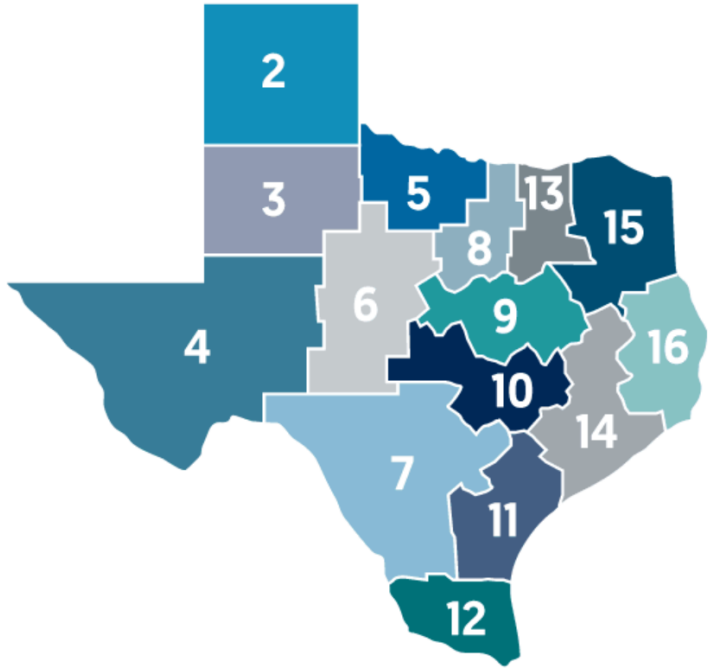
Basics

Workers' Compensation Department Overview



Field Offices and Regions

- **Region 2**: Amarillo Area
- **Region 3**: Caprock-Lubbock Area
- **Region 4**: Permian Basin Region-Odessa Area
- **Region 5**: Red River Valley-Wichita Falls Area
- **Region 6**: Hub of Texas-Abilene Area
- **Region 7**: Alamo Region-San Antonio Area
- **Region 8**: Where the West Begins-Fort Worth Area
- **Region 9**: Heart of Texas Region-Waco Area
- **Region 10**: Highland Lakes Region-Austin Area
- **Region 11**: Coastal Bend Region-Corpus Christi Area
- **Region 12**: Lower Rio Grande Valley-Rio Grande Valley Area
- **Region 13**: North Central Texas Region-Dallas Area
- **Region 14**: San Jacinto Region-Houston Area
- **Region 15**: Tyler-Longview Area
- **Region 16**: Golden Pine and Oil Region-Beaumont-Lufkin Area



(800) 537-6655

TML
INTERGOVERNMENTAL RISK POOL
www.tmlirp.org

What?

When?

How?

Who?

Minor Injuries?

Consequences?

What?

Injury

Damage or harm to the physical structure of the body and a disease or infection naturally resulting from the damage or harm. The term includes occupational disease.

Occupational Disease

A disease arising out of and in the course and employment that causes damage or harm to the physical structure of the body, including a repetitive trauma injury.

Repetitive Trauma

Damage or harm to the physical structure of the body occurring as the result of repetitious, physically traumatic activities that occur over time and arise out of and in the course and scope of employment.

When?

- Immediately or as soon as possible
- Employer policy
- Within 30 days per Texas Labor Code Section 409.001(a)
- Occupational disease within 30 days of when the employee knew or should have known that the injury was work related

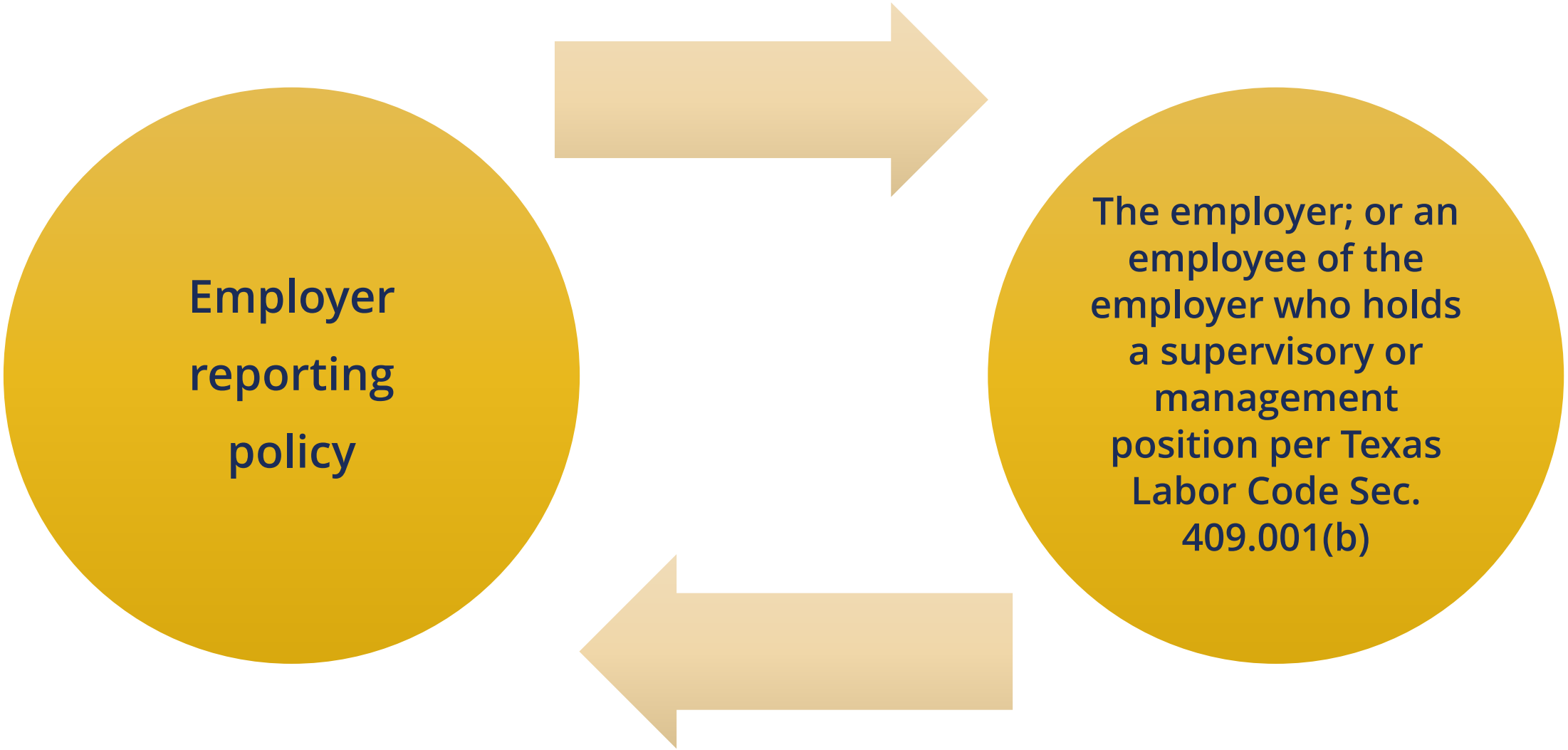
How?

Notice may be verbal or in writing

Reporting may be vague

What
When
Where
Why
How

Who?


Employer reporting policy
The employer; or an employee of the employer who holds a supervisory or management position per Texas Labor Code Sec. 409.001(b)

Should All Injuries be Reported?

All injuries should be reported - to the member

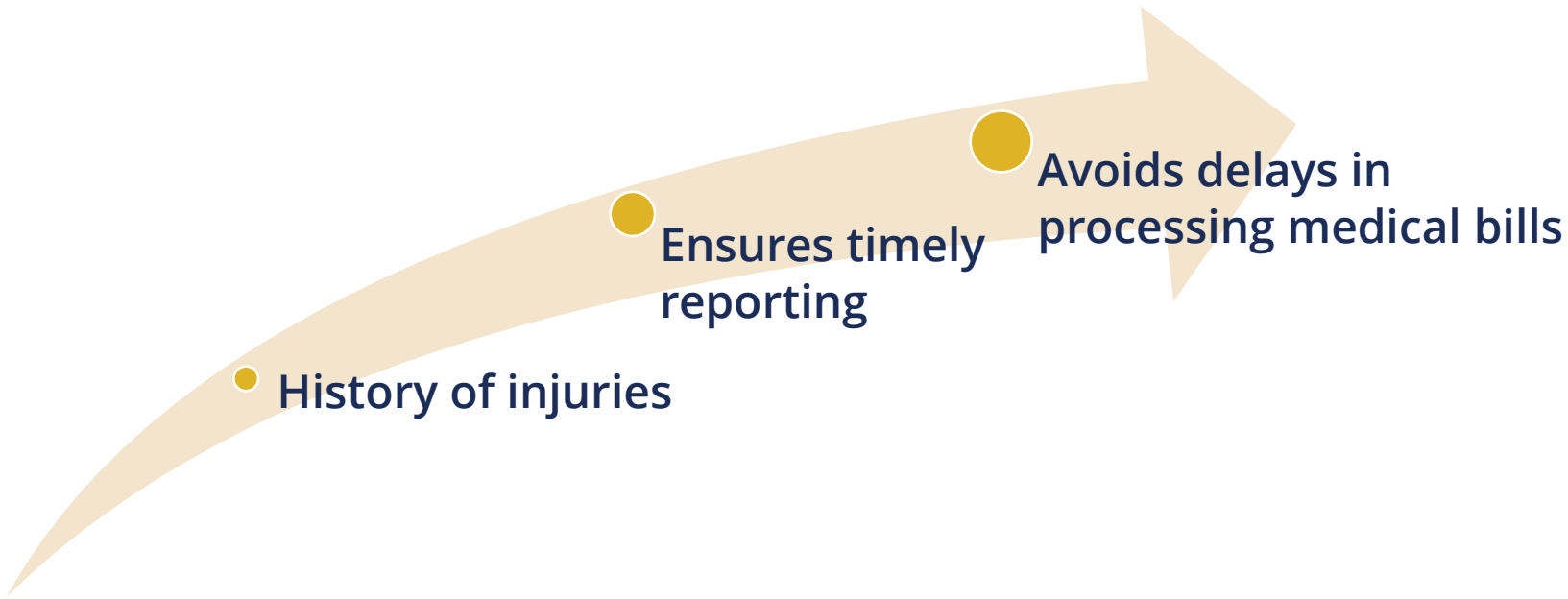
Injuries that do not require medical attention such as exposure should be reported

Injuries that require medical treatment with The Alliance should be reported

Minor injuries can develop into major problems

All occupational illnesses must be reported

Advantages of Reporting Injuries



Reporting of all injuries helps identify trends and target areas where preventive measures may be beneficial

Consequences?

Failure to notify relieves employer and carrier of liability unless:

- Employer / carrier have actual knowledge
- DWC determines “good cause” exists
- Employer / carrier does not contest

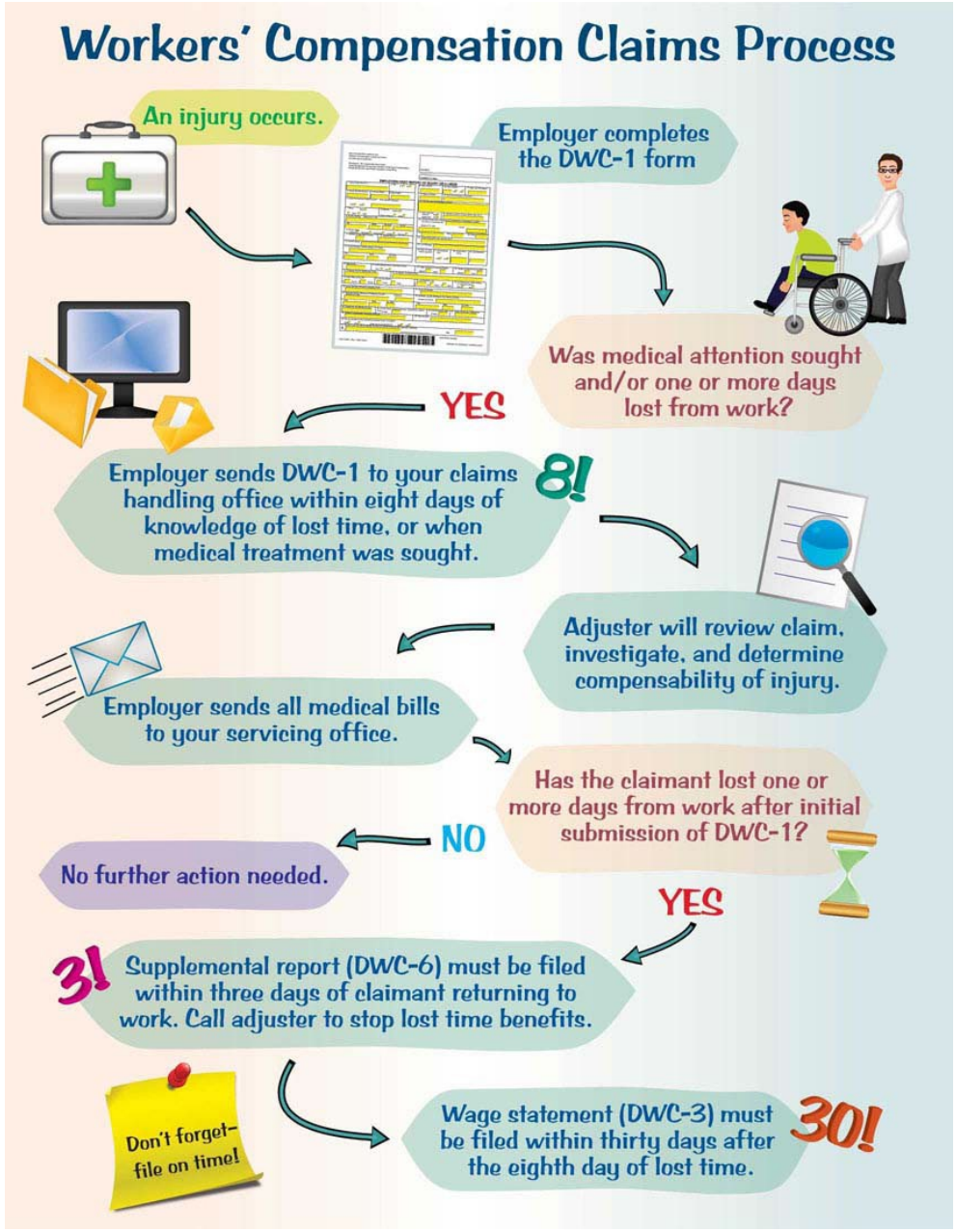
Loss Prevention Accident Investigations

- Purpose & Intent
- Considerations
- Process
- Keys to Success
- Resource
- TMILR Pool - Accident Prevention Plan Development Guide

Loss Prevention
Example of Investigation Process

Red Flags

- Compensability issues / Course and Scope
- Newly hired employees
- Spite claims
- Monday claims
- Pre-existing conditions
- Unwitnessed injuries
- Late reporting claims
- Exposure claims
- Ordinary diseases of life
- Other



Claims Process

Assignment, Investigation & Claim Documentation

Course and Scope/Compensability Determination

Timely Payments and Disputes

Return to Work and modified duty members

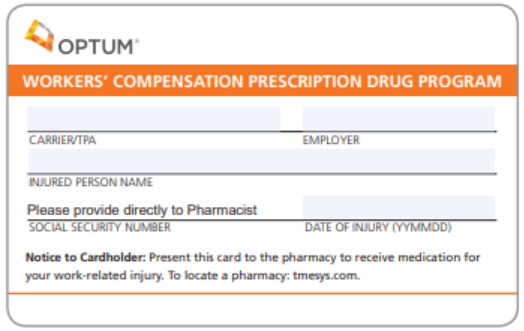
Assignment, investigation, and claims documentation

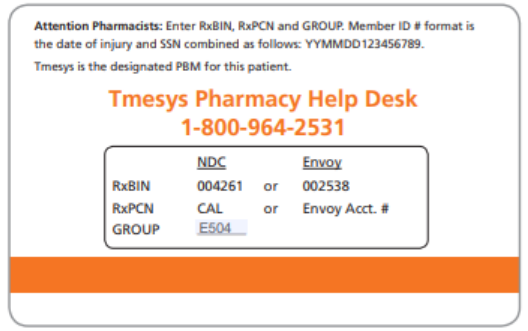
All claims are reviewed for course and scope, compensability

Medical only claims are handled routinely after initial screening to notify of requirements and pay the bills timely

Lost time claims require detailed investigations depending on the nature of the claim. May require statements, witness contact and discussion with supervisor or coworkers

Employer role…





Provide the injured employee:

- Copy of the Employer's First Report of Injury
- Injured Employee's Rights and Responsibilities letter
- First Fill Card
- Information for primary care physician selection in the Alliance

Communicate with the injured worker – phone calls, visits. Don't create an adverse environment. Let the injured employee know that he is needed back at work.

What can you do to help?

Gather additional facts and information

Have the injured employee and/or witnesses available for interview

Ask questions about the workers' compensation process or share any questions or concerns

Communicate and educate!

Compensability Determination

Compensable injury - an injury that arises out of and in the course and scope of employment

Review the claim, gather necessary information and make a determination on compensability

Administer medical and income benefits for compensable injuries pursuant to the Texas Labor Code

Medical Attention

Select a primary treating physician through Political Subdivision Workers' Compensation Alliance (PSWCA/The Alliance)

Treating physician will make any referrals

Emergency treatment

Utilization Review / Preauthorization - Texas Association of School Boards

Pharmacy Benefit Manager - Optum

The Political Subdivision Workers' Compensation Alliance (PSWCA/The Alliance) website: www.pswca.org

Lost Time

If the injured employee is taken off work or placed on light duty, income benefits may be owed

Notify TMLIRP of any changes in the work status and submit the appropriate forms

Temporary Income Benefits (TIBs)

Lost time > 7 days of disability

Paid based on Average Weekly Wage (AWW)

Paid at either 70% or 75% of the AWW

- < $10.00 an hour 75% the first 26 weeks then to 70% for remaining weeks
- > $10.00 an hour 70%

Limited to 104 weeks from the accrual date

Impairment Income Benefits (IIBs)

Maximum Medical Improvement (MMI) if certified

Impairment Rating (IR) is given

3 weeks of IIBs paid for each percent of the IR

70% of the AWW

Supplemental Income Benefits (SIBs)

Qualifications

IR must be 15% or higher

Injured employee is earning less than 80% of pre-injury wages

Initial determination by DWC

Paid monthly

Apply every quarter

Lifetime Income Benefits (LIBs)

Possible Circumstances	Total and permanent loss of sight in both eyes
	Loss of both feet at or above the ankle
	Loss of both hands at or above the wrist
	Loss of 1 foot at or above the ankle, and loss of one hand, at or above the wrist
Spine injury that causes permanent and complete paralysis of both arms, both legs, or one arm and one leg	Physically traumatic injury to the brain resulting in incurable insanity or imbecility
	Third degree burns that cover at least 40% of the body and require grafting
	Third degree burns covering the majority of either both hands or one hand and the face

75% of AWW with a 3% increase annually

Death Benefits (DB)

Possible Beneficiaries	Surviving spouse
	Minor children
	Children <25 who are enrolled in college
	Dependent grandchildren
	Other dependent family members
	Non-dependent parents

75% of AWW

Surviving spouse of a first responder who remarries is still able to get DBs for the rest of their life

Funeral Benefits

Expenses for the burial may be paid if the employee died because of a work-related injury

Request must be made within 12 months of the date of death

Copies of bills

Timely Payments and Disputes

- Initial TIB payment due within 15 days of first notice received
- IIBs due within 5 days of receiving MMI and IR
- SIBs due within 7 days of the beginning of the monthly period
- DBs due no later than the 60th day from notice or within 15 days after receiving claim for death benefits

Disputes must be filed by the 15th day or benefits are still due until dispute is filed. The claim must be disputed by the 60th day.

Return to Work

Full Duty/Full Pay

Modified Duty/Full Pay

Modified Duty/Reduced Pay

Bona Fide Offer of Employment

Loss Prevention – Return to Work

- Purpose & Intent
- Considerations
- Benefits
- Potential Negatives
- Keys to Success
- Resources

TMILR Pool - Establishing an Effective Return to Work Program

Texas Department of Insurance – Division of Workers' Compensation

https://www.tdi.texas.gov/wc/rtw/index.html

Special Claims

Volunteers – 7 types of covered volunteers

Presumptions Claims – Firefighters, EMTs, Peace Officers

Multiple Employment – payment of benefits can include wages from multiple employers - Subsequent Injury Fund allows for reimbursement upon request

Optional Volunteer Coverages

3724O Outside Volunteers

7704V Volunteer Firefighters

7720E Volunteer Ambulance/EMS

7720V Police Reserves

8742E Elected/Appointed Officials-Governing Board Only

8742F Elected/Appointed Officials-All Boards/Comms

8742I Inside Volunteers

8888V Police Reserves-Motorcycle

Presumption Claims
Chapter 607 of the Government Code

Firefighters and EMTs

Heart Attacks

Cancers effective June 10, 2019:
- testicular, prostate, non-Hodgkin's lymphoma, stomach, colon, rectum, skin, brain, multiple myeloma, malignant melanoma, renal cell carcinoma

Strokes

Other respiratory illnesses

Certain preventative immunizations

COVID

Peace Officers

Heart attacks

Strokes

Other respiratory illnesses

Certain preventative immunization

COVID

Presumption Claims
Chapter 607 of the Government Code

Exclusions

Employed as a firefighter, EMT or peace officer for:

- 5 years or more
- Tobacco user
- Spouse is a smoker
- Prior physical exam showing no disease

COVID expires 09/01/2023

Multiple Employment

Applies to all employees and not just volunteers

Wages from injury and non-injury employer are added together to calculate AWW

Reimbursement sought from Subsequent Injury Fund (SIF) for benefits paid based upon non-injury employer

If the non-claim employer does not have WC coverage the wages do not get added and the AWW does not increase

Paid out of unallocated expenses – does not affect member rates

Secondary Employment

Activity

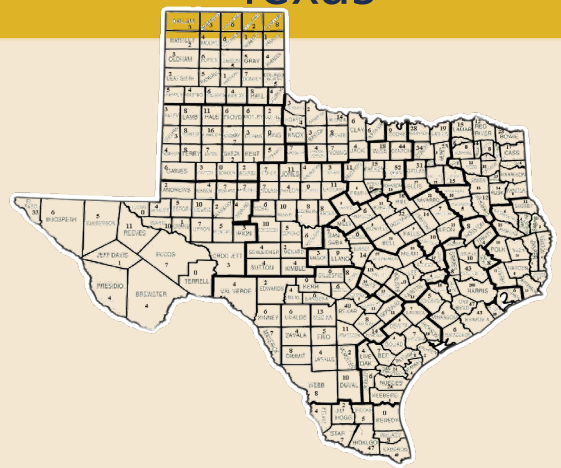
- 1st Responders may or may not be covered

Jurisdiction

Approved

Division of Workers' Compensation (DWC)

Oversees Workers' Compensation in Texas



Handles Workers' Compensation disputes

- Benefit Review Conference (BRC)
- Contested Case Hearing (CCH)
- Appeal Process

Assists injured workers (via OIEC)

Yolanda Garcia (512) 804-4173

firstresponderhelp@oiec.Texas.gov

Workers' Compensation

Forms

Employer's Record of Injuries

Texas Labor Code Sec. 409.006 / DWC Rule 120.1

Employer shall keep record of ALL injuries

- At least for 5 years
- Available for DWC inspection
- Possible fines

How is the injury reported?

Texas Labor Code Sec. 409.006 / DWC Rule 120.1

The employer is required to file an Employer's First Report of Injury (DWC1)

DWC1 is the form required by the Texas Department of Insurance (TDI), DWC

The form must be filed within 8 days of notice from the employee to the employer

Failure to file the form timely can result in penalties

Supervisor Role

Gather information from the injured employee and any witnesses.

Complete any internal employer accident investigation forms

Complete the DWC1

Review any employer policies

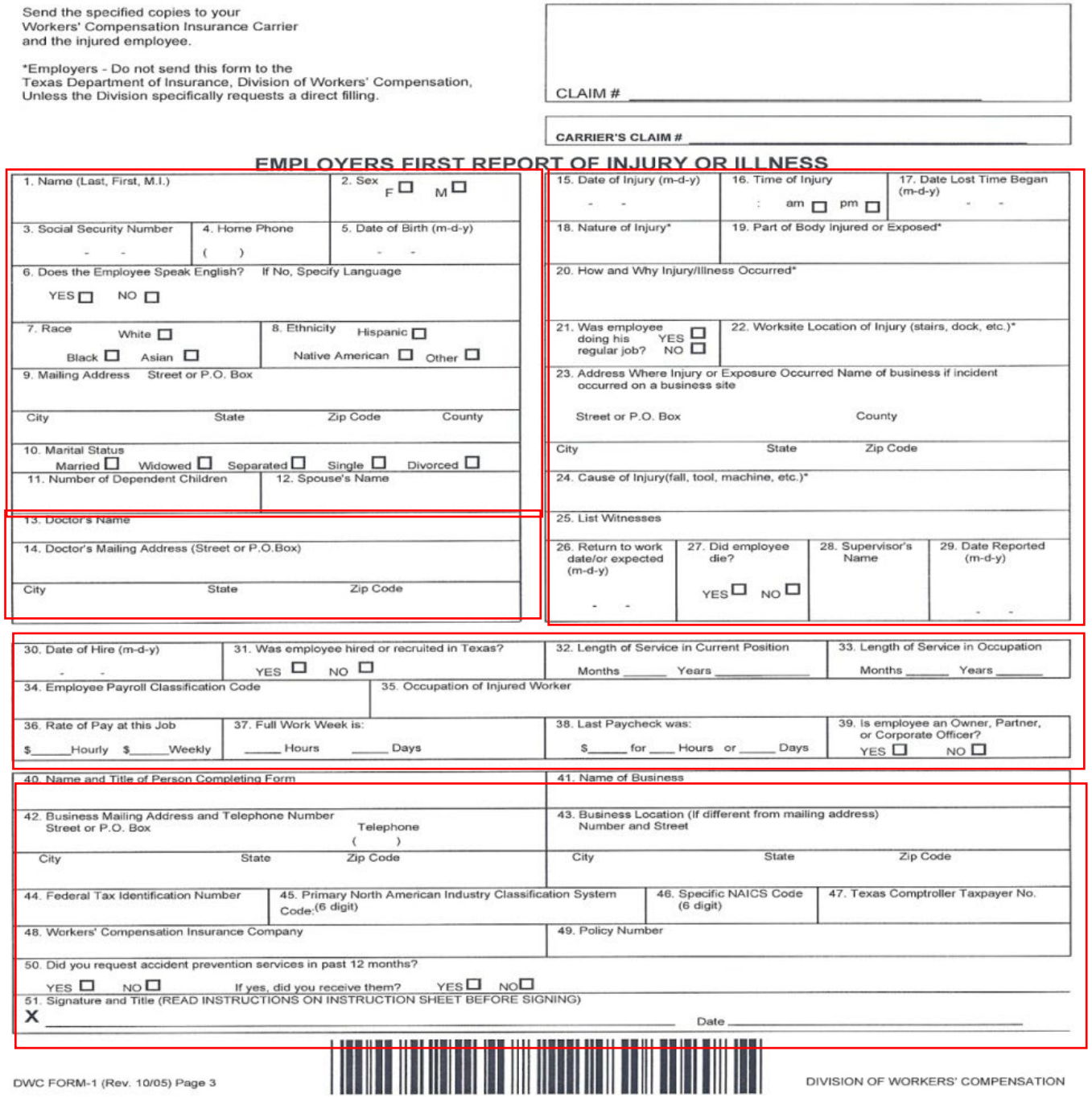
Review injury site and/or secure any faulty or broken equipment, third party involvement, photos, recordings, etc.

If there are any questions/concerns, bring those forward as early as possible

First Report of Injury - DWC1

Information:

- Employee
- Injury
- Medical
- Employment
- Employer



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 filling.

CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) | 2. Sex F ☐ M ☐
3. Social Security Number - - | 4. Home Phone ( ) | 5. Date of Birth (m-d-y) - -
6. Does the Employee Speak English? If No, Specify Language
YES ☐ NO ☐
7. Race White ☐ Black ☐ Asian ☐ | 8. Ethnicity Hispanic ☐ Native American ☐ Other ☐
9. Mailing Address Street or P.O. Box
City State Zip Code County
10. Marital Status Married ☐ Widowed ☐ Separated ☐ Single ☐ Divorced ☐
11. Number of Dependent Children | 12. Spouse's Name
13. Doctor's Name
14. Doctor's Mailing Address (Street or P.O.Box)
City State Zip Code

15. Date of Injury (m-d-y) - - | 16. Time of Injury : am ☐ pm ☐ | 17. Date Lost Time Began (m-d-y) - -
18. Nature of Injury* | 19. Part of Body Injured or Exposed*
20. How and Why Injury/Illness Occurred*
21. Was employee doing his regular job? YES ☐ NO ☐ | 22. Worksite Location of Injury (stairs, dock, etc.)*
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site
Street or P.O. Box County
City State Zip Code
24. Cause of Injury(fall, tool, machine, etc.)*
25. List Witnesses
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) - -

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 ( )
City State Zip Code | 43. Business Location (If different from mailing address) Number and Street
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-1 (Rev. 10/05) Page 3

DIVISION OF WORKERS' COMPENSATION

Employee and Medical Information

Employee and Medical Information	Injury Information	Employment Information	Employer Information
Use legal name Contact information Medical provider	Date of the injury Specific information reported Date lost time began (NLT) Actual date injury was reported	Complete all boxes Date of hire/join date volunteer Payroll classification code	Complete all boxes Primary classification code Specific NAICS code List no and note Self-Insured Sign and date

Wage Statement DWC3

Information:

- Employee
- Employer
- Employment Status
- Same/Similar
- Pecuniary
- Nonpecuniary

Work status, sign and date, wages BEFORE the injury, amount of Non-Pecuniary and if they will continue.

Send to workers' compensation carrier:

(Name and fax number of carrier)

CLAIM # _____

CARRIER'S CLAIM # _____

☐ Initial ☐ Amended **EMPLOYER'S WAGE STATEMENT (DWC Form-003)**

The Texas Workers' Compensation Act and Workers' Compensation rules | The employer shall timely file a complete wage statement in the form and

WAGE INFORMATION INSTRUCTIONS

Employee Name: Social Security #: Date of Injury:

- The employer shall report all wages **earned in the 13 weeks immediately preceding the date of injury.** If the employee is paid on a monthly or semi-monthly basis, the employer may provide wages for the 3 months preceding the date of injury. Monthly wages may also be converted to weekly wages by dividing the gross monthly amount by 4.34821. If the employee is paid on a biweekly basis, the employer may provide the wages for the 14 weeks preceding the date of injury. When setting the periods to report, the employer may adjust the reporting period backward slightly (up to six days) to line up the reporting timeframes with the employer's natural pay cycle. **However, the employer shall not report wages earned on or after the date of injury.**

- If reporting weekly earnings, use all 13 Period Columns below. If reporting 3 months of earnings, either convert the wages to weekly earnings or use the first 3 Period Columns. If reporting 14 weeks of biweekly earnings, use the first 7 Period Columns. **In all cases, indicate the dates that each period covers.**

PECUNIARY WAGE INFORMATION

Pecuniary Wages include all wages that are paid to the employee in the form of money. These include, but are not limited to: hourly, weekly, biweekly, monthly, etc. wages; salary; tips/gratuities; piecework compensation; monetary allowances; bonuses; and commissions. Earnings are reported in the periods they are earned, NOT when they are paid and some (such as bonuses and commissions) need to be prorated. Pecuniary wages don't include payments made by an employer to reimburse the employee for the use of the employee's equipment or for paying helpers or to reimburse for travel expenses. Consider as earnings amounts from paid holidays and any vacation, personal or sick leave an employee used but not the market value of leave time earned but not used.

PERIOD # (Week #, Month #, or Bi-Week #)	1	2	3	4	5	6	7	8	9	10	11	12	13	
FROM DATE:														
TO DATE:														TOTALS
# HOURS WORKED:														
GROSS WAGES EARNED:														

NONPECUNIARY WAGE INFORMATION

Nonpecuniary Wages include all wages paid to the employee in a form other than money. These include, but are not limited to, the benefits listed below but do not include monetary allowances or stipends paid **to allow the employee to purchase the benefits.**

Nonpecuniary Wage Type	Employer Provided Prior To Injury?		Specify Value Or Amount Earned in Each Reported Period For Each Benefit Provided Prior To Injury (Use the same periods as used above)													Will Employer Continue To Provide?		Date Benefit Suspended (if suspended)
	YES	NO	1	2	3	4	5	6	7	8	9	10	11	12	13	YES	NO	
Health Insurance																		
Laundry/ Cleaning																		
Clothing/ Uniforms																		
Lodging/ Housing/																		
Food/ Meals																		
Vehicle/ Fuel																		
Other																		

NOTE: With few exceptions, you are entitled on request to be informed about the information that TDI-DWC collects about you. Under §§552.021 and 552.023 of the Government Code, you are entitled to receive and review the information. Under §559.004 of the Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call the local TDI-DWC field office at 800-252-7031.

DWC FORM-003 Rev. 10/05

Page 2

DWC FORM-003 Rev. 10/05

Page 1

Wage Statement - DWC3

Complete and send within 30 days on lost time claims and/or when requested

Retain copy and supply a copy to the injured employee

Complete all boxes and use 13 weeks prior to the date of injury

Ensures that the injured employee is receiving the correct benefit

Supplemental Report of Injury DWC6

Employer and employee information

Work status

Other sections as they apply

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

Supplemental Report of Injury – DWC6

Complete and send within 3 days after return to work or additional lost time

File within 10 days of a change in pay related to the injury, resignation or termination

Retain copy and send a copy to the injured employee

Possible fines for late filing

Call TMLIRP to advise of return to work prior to sending the form

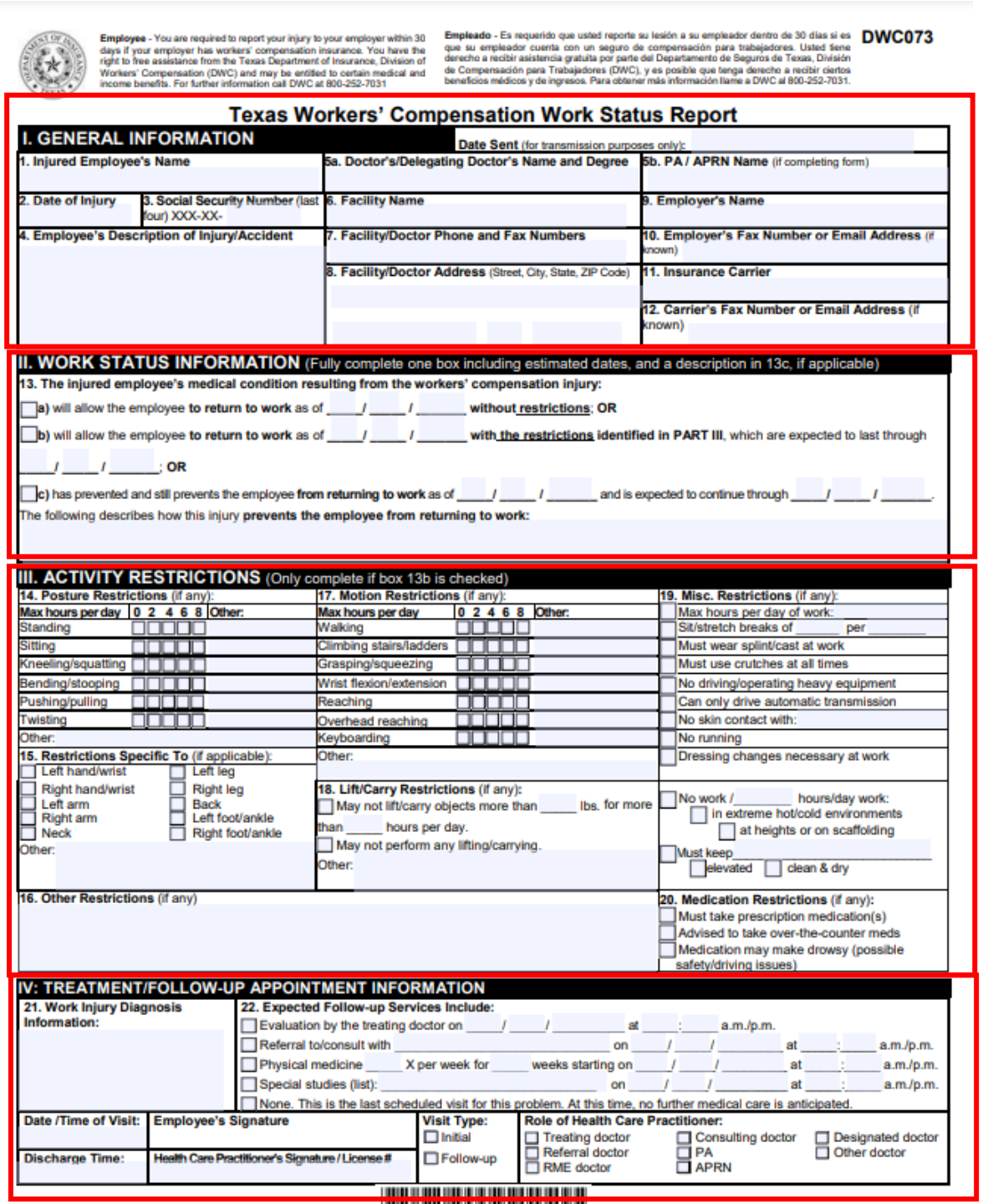
Work Status - DWC73

General Information

Work status

Restrictions

Treatment/Follow-up



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only):

1. Injured Employee's Name
2. Date of Injury
3. Social Security Number (last four) XXX-XX-
4. Employee's Description of Injury/Accident
5a. Doctor's/Delegating Doctor's Name and Degree
5b. PA / APRN Name (if completing form)
6. Facility Name
7. Facility/Doctor Phone and Fax Numbers
8. Facility/Doctor Address (Street, City, State, ZIP Code)
9. Employer's Name
10. Employer's Fax Number or Email Address (if known)
11. Insurance Carrier
12. Carrier's Fax Number or Email Address (if known)

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☐ a) will allow the employee **to return to work** as of ____/____/____ **without restrictions**; **OR**

☐ b) will allow the employee **to return to work** as of ____/____/____ **with the restrictions identified in PART III**, which are expected to last through ____/____/____; **OR**

☐ c) has prevented and still prevents the employee **from returning to work** as of ____/____/____ and is expected to continue through ____/____/____.

The following describes how this injury **prevents the employee from returning to work:**

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any):

Max hours per day	0	2	4	6	8	Other:
Standing	☐	☐	☐	☐	☐	
Sitting	☐	☐	☐	☐	☐	
Kneeling/squatting	☐	☐	☐	☐	☐	
Bending/stooping	☐	☐	☐	☐	☐	
Pushing/pulling	☐	☐	☐	☐	☐	
Twisting	☐	☐	☐	☐	☐	
Other:						

15. Restrictions Specific To (if applicable):

☐ Left hand/wrist ☐ Left leg
☐ Right hand/wrist ☐ Right leg
☐ Left arm ☐ Back
☐ Right arm ☐ Left foot/ankle
☐ Neck ☐ Right foot/ankle
Other:

16. Other Restrictions (if any)

17. Motion Restrictions (if any):

Max hours per day	0	2	4	6	8	Other:
Walking	☐	☐	☐	☐	☐	
Climbing stairs/ladders	☐	☐	☐	☐	☐	
Grasping/squeezing	☐	☐	☐	☐	☐	
Wrist flexion/extension	☐	☐	☐	☐	☐	
Reaching	☐	☐	☐	☐	☐	
Overhead reaching	☐	☐	☐	☐	☐	
Keyboarding	☐	☐	☐	☐	☐	
Other:						

18. Lift/Carry Restrictions (if any):

☐ May not lift/carry objects more than ____ lbs. for more than ____ hours per day.
☐ May not perform any lifting/carrying.
Other:

19. Misc. Restrictions (if any):

☐ Max hours per day of work:
☐ Sit/stretch breaks of ____ per ____
☐ Must wear splint/cast at work
☐ Must use crutches at all times
☐ No driving/operating heavy equipment
☐ Can only drive automatic transmission
☐ No skin contact with:
☐ No running
☐ Dressing changes necessary at work
☐ No work / ____ hours/day work:
☐ in extreme hot/cold environments
☐ at heights or on scaffolding
☐ Must keep ____
☐ elevated ☐ clean & dry

20. Medication Restrictions (if any):

☐ Must take prescription medication(s)
☐ Advised to take over-the-counter meds
☐ Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information:

22. Expected Follow-up Services Include:

☐ Evaluation by the treating doctor on ____/____/____ at ____:____ a.m./p.m.
☐ Referral to/consult with ____ on ____/____/____ at ____:____ a.m./p.m.
☐ Physical medicine ____ X per week for ____ weeks starting on ____/____/____ at ____:____ a.m./p.m.
☐ Special studies (list): ____ on ____/____/____ at ____:____ a.m./p.m.
☐ None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

Date /Time of Visit:	Employee's Signature	Visit Type:	Role of Health Care Practitioner:
Discharge Time:	Health Care Practitioner's Signature / License #	☐ Initial ☐ Follow-up	☐ Treating doctor ☐ Consulting doctor ☐ Designated doctor ☐ Referral doctor ☐ PA ☐ Other doctor ☐ RME doctor ☐ APRN

Workers' Compensation

Medical Treatment and The Alliance

POLITICAL SUBDIVISION
WORKERS' COMPENSATION
ALLIANCE

What is the Alliance?

Political Subdivision Workers' Compensation Alliance (The Alliance)

Joint Contracting Partnership (5 Pools)

Medical Network

TML INTERGOVERNMENTAL RISK POOL

TEXAS ASSOCIATION of COUNTIES

TASB RISK MANAGEMENT FUND

TEXAS COUNCIL RISK MANAGEMENT FUND T•C•R•M•F•

What is the Alliance?

Chapter 504.053

2005 workers' compensation reforms allowed Texas public entities to directly contract with health care providers to deliver care to injured employees

5 Pools represent the 2nd largest coverage provider in the state

Serves more than 3,000 public employers (500,000 employees)

Providers treat approximately 22,000 injured employees per year

The Alliance structure

Members/Employers → Purchase coverage and services → Risk pools → These risk pools manage the claims and fund the Alliance → The Alliance contracts with healthcare providers and manages the network to treat injured workers

Schools and Community Colleges

Texas Association of School Boards Risk Management Fund

Cities and other units of local government

Texas Municipal League Intergovernmental Risk Pool

Counties and special districts

Texas Association of Counties Risk Management Pool

Community centers

Texas Council Risk Management Fund

Water districts and authorities

Texas Water Conservation Association Risk Management Fund

Some Alliance risk pools cover several types of public entities.

POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE

Health Care Providers

Success in the Alliance

2021 Workers' Comp Network Report Card

19,893 claims in 2021 - second largest network in the state

Average medical costs per claim were $1,936

$228 lower than 2020

Average professional costs per claim were $1,215

$146 lower than 2020

Average pharmacy costs per claim were $147

$8 lower than 2020

Medical Benefits

Texas Labor Code Sec. 408.021. Entitlement to Medical Benefits

Healthcare reasonably required by the nature of injury

Cures or relieves the effects naturally resulting from injury

Promotes recovery

Enhances ability of employee to retain or return to employment

Except in emergency, all health care must be through the treating doctor

Medical benefits may not be limited or terminated by agreement or settlement

Member Role and Influence

Provide employee paperwork, ensure posting is current and have employee acknowledgement signed if at all possible

Guide injured employees to the website: www.pswca.org

Can nominate providers to participate

Keep employees connected

- Call periodically and just check on them
- Advocacy-based workers' compensation is real

Have you thought about Return to Work and what that looks like?

TMLIRP

Portal

Annual Partnership Summit

STP Podcast

File a Claim

Portal Submissions

Change Schedule

Provider Bill Status

Training

Login

User Name

pamela.smith

Password

••••••••••

If you're having issues logging in, please contact your Fund Contact or Contact Us

Forgot User Name?

Forgot Password?

Login

This website is best used with the following browsers

STP Podcast

Episode 8

"First Responders and COVID-19 Vaccines"

Posted August 19, 2021

Provides COVID-19 statistics and the story of Roger Dean – as told by his survi
healthy 31-year-old Seguin firefighter who passed away after a months-long b

Further information:
Texas Department of State Health Services Vaccine Information Web Page

Listen Now

Episode 7

"Disciplining and Terminating Employees: Liability and t
You Fire' Hotline"

Posted July 28, 2021

Explains: (1) that you may be liable for improper employment actions; and (2) th
one of the Pool's attorneys prior to taking action.

Further information:
TML Risk Pool's "Call Before You Fire Program"
Employment Law Manual for Texas Cities
Texas Municipal Human Resources Association
Ask a Texas Municipal League Attorney

Listen Now

Episode 10a - Part 1

"Workers' Comp: Taking Care of Your Employees"

Posted October 14, 2021

The TML Risk Pool provides workers' compensation coverage for more than 200,000 local government employees, and receives around 10,000 claims per year. The Workers' Compensation Department is the largest of all the Pool's departments, largely because the workers compensation process is highly-regulated by the Workers' Compensation Division of the Texas Department of Insurance. In this episode, you'll hear from key Pool staff about the process and how it's administered, most importantly how we partner with Members to help guide them through the complex process.

Further information:
Texas Political Subdivision Workers' Compensation Alliance
Texas Department of Insurance - Division of Workers' Compensation
Division of Worker's Compensation – Performance-Based Oversight Results

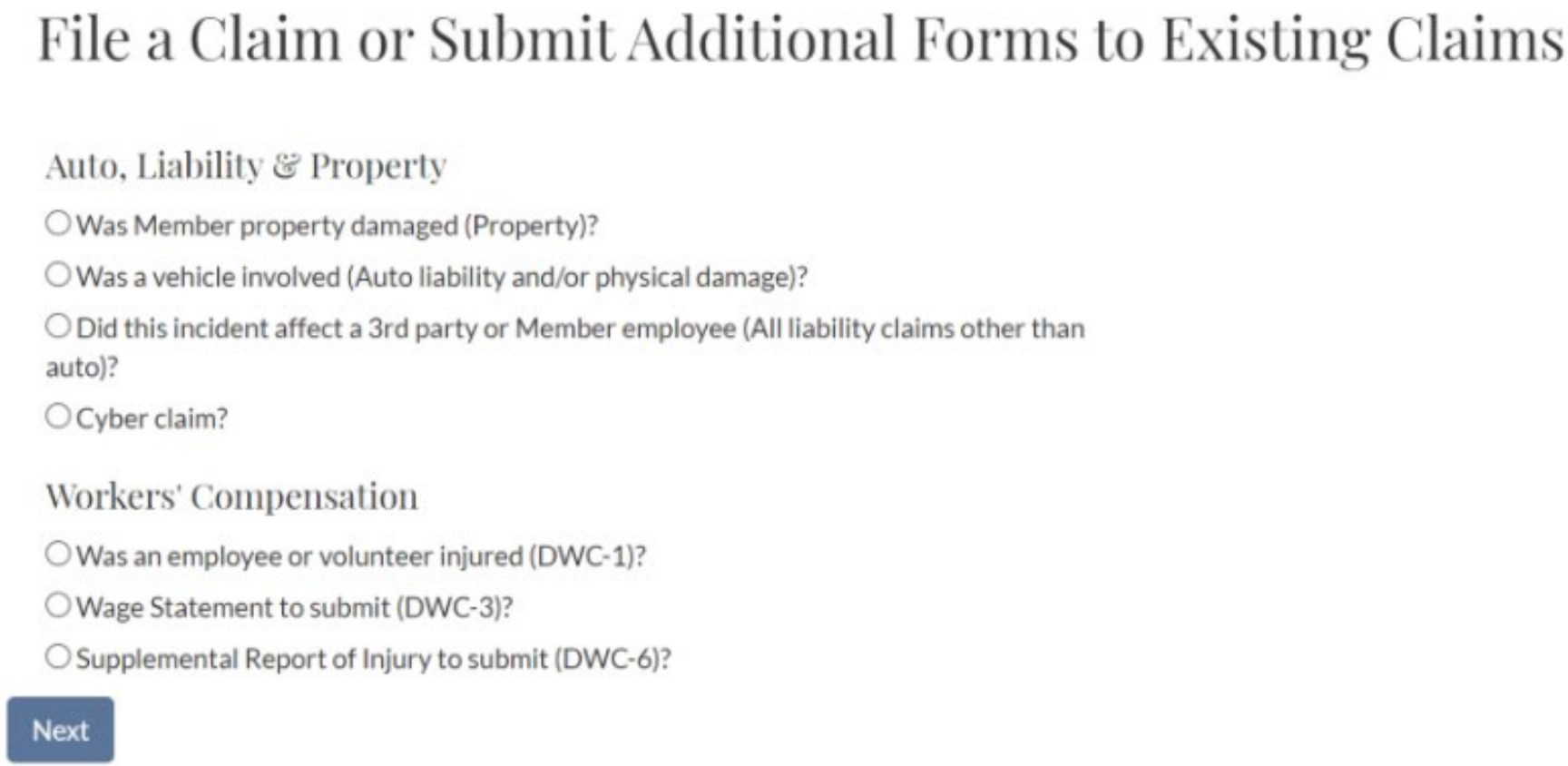
Lubbock Firefighter Matt Dawson Receiving Risk Pool Worker's Compensation Benefits:
Everything Lubbock
KCBD

Listen Now

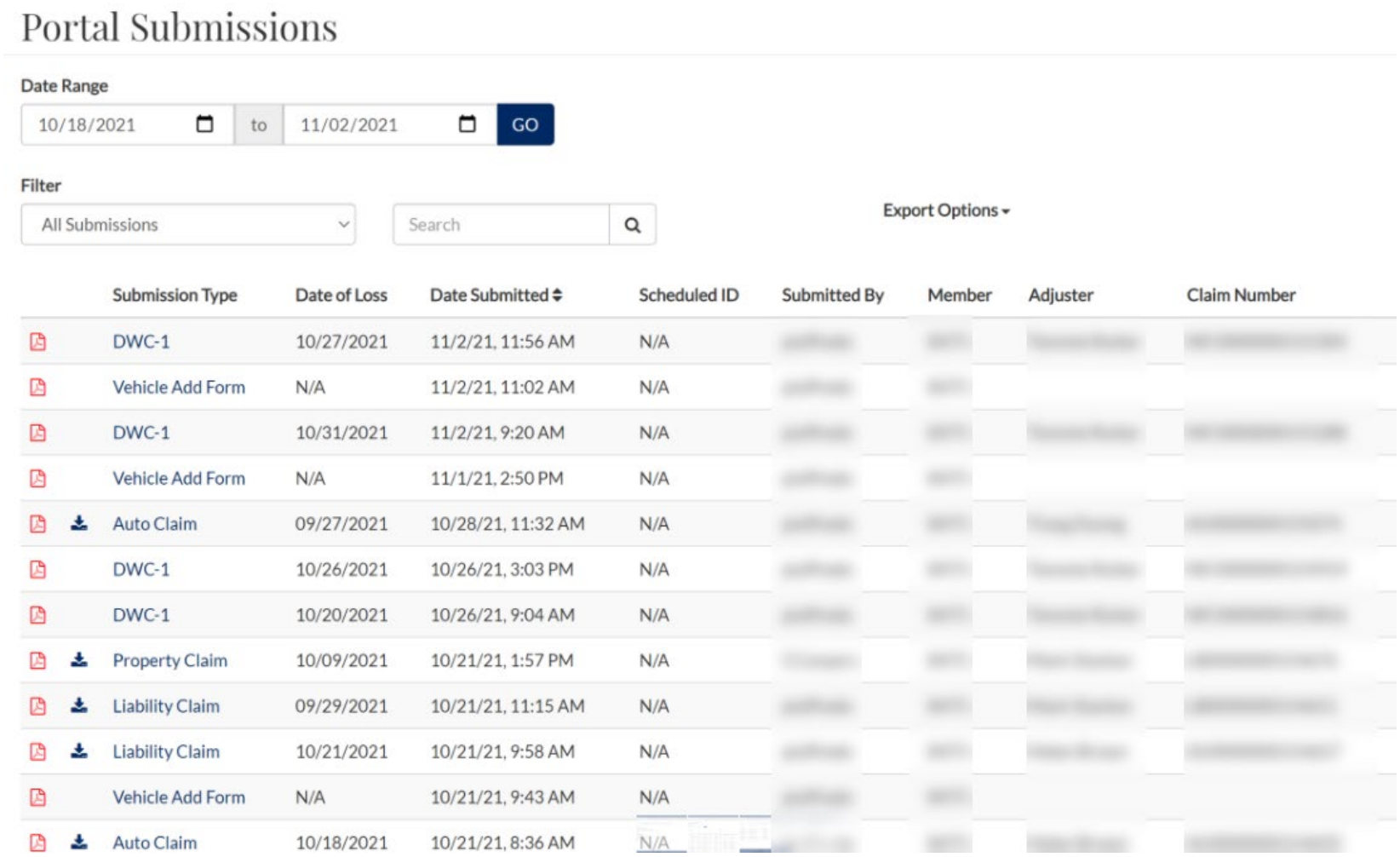
Stronger Safer Together

TML INTERGOVERNMENTAL RISK POOL

File a Claim or Send additional Forms



Portal Submissions



Change Schedule

Properties

We are currently updating our servers and members may experience a delay in schedule updates. If you need further assistance please Contact Us.

Add Property

Search

Export Options

ID	Occupancy	Address	Department	Building Value	Contents Value	Year Built		
1	Austin Office	[redacted]	Administration	[redacted]	[redacted]	1979	Edit	Delete
2	Corpus Christi Office	[redacted]	Administration	[redacted]	[redacted]	1985	Edit	Delete
4	Harlingen Office	[redacted]	Administration	[redacted]	[redacted]	1995	Edit	Delete
5	Lubbock Office	[redacted]	Administration	[redacted]	[redacted]	1978	Edit	Delete
8	San Antonio Office	[redacted]	Administration	[redacted]	[redacted]	1973	Edit	Delete
10	Mesquite Office	[redacted]	Administration	[redacted]	[redacted]	1975	Edit	Delete
11	Houston Office	[redacted]	Administration	[redacted]	[redacted]	1982	Edit	Delete

To assist in training and education efforts, the Pool provides programs in electronic formats.

The Pool's Media Library has DVDs that members can check out at no charge, except for return shipping. The materials provide support for safety meeting and training.

Webinars are presented each month throughout the year and are recorded for later viewing. Please contact Loss Prevention for the password. Upcoming webinars are found on the Education and Training Calendar.

The Online Learning Center allows employees to gain valuable knowledge and take classes at work or anywhere they have access to a computer or an internet connection.

Media Library

The Loss Prevention Media Library is divided into categories. This listing is currently available as a PDF. To order videos, go to our Order Form. A password is not necessary to request a video, but videos are available only to TMLIRP member employees.

MEDIA LIBRARY ORDER FORM

View Media List

Online Learning Center

Member employees may take online courses at work or anywhere they have access to a computer and an internet connection. Online courses are provided at no cost to TMLIRP members.

Go to Learning Center

Virtual Events

Recorded webinars are posted on the Pool's YouTube channel. The Pool also provides live virtual events to individual members via web conferencing. Please contact your Loss Prevention Representative for scheduling.

View Webinars

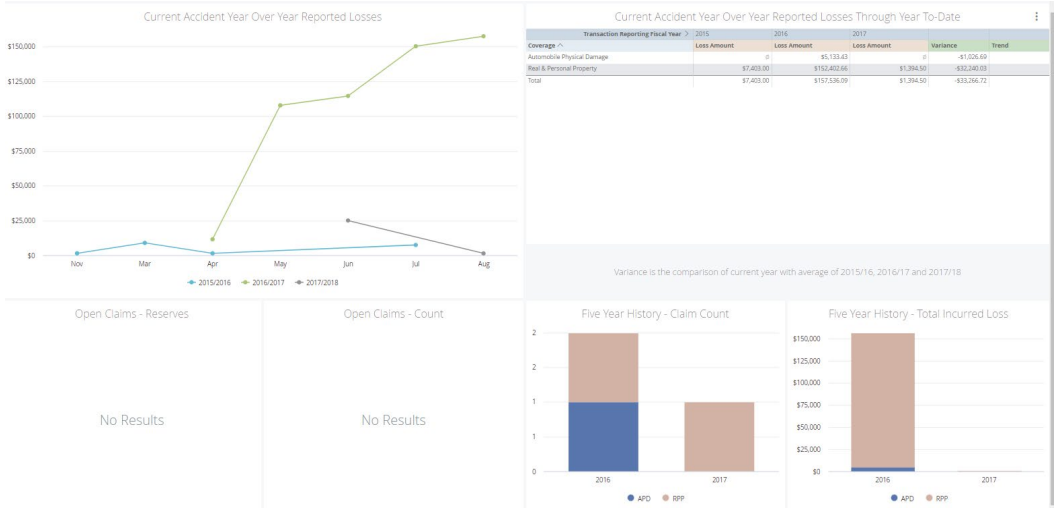
YouTube Video Library

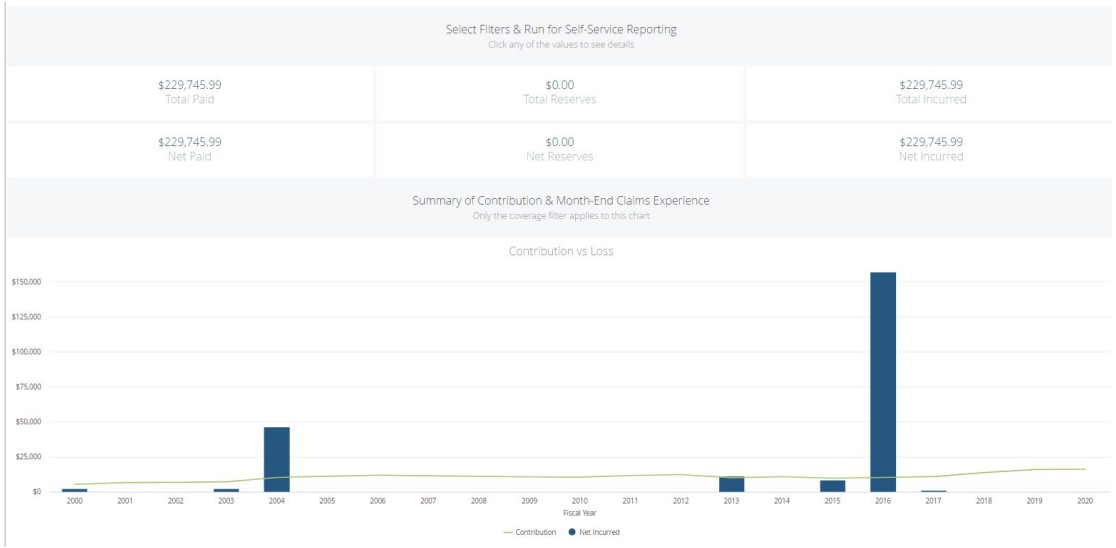
Member employees can view Youtube videos at work or anywhere they have access to a computer or phone and an internet connection.

Go to YouTube Video Library

Member Dashboard

Claims Data | Member Reports





eRiskHub

TML eRiskHub

Dashboard

REPORT A BREACH

GET TRUSTED HELP WHEN YOU NEED IT

TOOLS & CALCULATORS

UNDERSTAND YOUR EXPOSURE

CYBERSECURITY TRAINING

INCREASE YOUR SECURITY AWARENESS

RANSOMWARE RESOURCES

BE A TOUGHER TARGET
LEARN HOW

Featured Content

- The Economic Impact of Cyber Attacks on Municipalities
- NetDiligence 2020 Cyber Claims Study
- A Guide to Securely Working from Home
- Integrating Incident Response and Business Continuity Programs
- Data Breach Response Handbook
- Cybersecurity Tips to Prevent Your Business from Becoming COVID-19's Virtual Victim

Dark Reading

How Hackers Are Targeting Cryptocurrency
11/02/2021

How AI-Driven Security Analytics Speeds Up Enterprise Defense
11/01/2021

CISA and Partners Coordinate on Security, Combatting Misinformation for Election Day
11/01/2021

Manage
Documents & Forms

Stay tuned....
More to come!

Workers' Compensation Forms

- DWC-1 Employers First Report of Injury or Illness.pdf
- DWC-156 Prospective Employment Authorization & Certification.pdf
- DWC-3 Employers Wage Statement.pdf
- DWC-3ME Employees Multiple Employment Wage Statement.pdf
- DWC-6 Supplemental Report of Injury.pdf
- DWC048 Request for Travel Reimbursement.pdf
- DWC074 Description of Injured Employees Employment.pdf
- Employee Rights Responsibilities English.pdf
- Employee Rights Responsibilities Spanish.pdf
- First Responder Liaison English.pdf
- First Responder Liaison Spanish.pdf
- Notice of Ombudsman Program English.pdf
- Notice of Ombudsmand Program Spanish.pdf
- notice10.pdf
- notice10s.pdf
- notice8.pdf
- notice8s.pdf
- notice9.pdf
- notice9s.pdf
- Page 36 Requirements for Building Contractors.pdf

Thank you!