



Texas Department Of Insurance

Division of Workers' Compensation

Records Processing

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Austin, TX 78744-1609

(800) 252-7031 (512) 804-4378 fax www.tdi.texas.gov

DWC Claim#

Carrier Claim#

Send the completed original form to the insurance carrier.
Send a copy to TDI-DWC field office handling the claim.

EMPLOYEE'S ELECTION FOR COMMUTED (LUMP SUM) IMPAIRMENT INCOME BENEFITS (DWC Form-051)

1. Employee's Name	2. Telephone Number	3. Social Security Number (last 4 digits) XXX-XX	4. Date of Injury (mm/dd/yyyy)
5. Mailing Address (Street or P. O. Box, City, State, Zip Code)			
6. Employer's Business Name		7. Insurance Carrier's Name	

Notice to Employee: Section 408.128 of the Texas Workers' Compensation Act allows you to elect to receive your impairment income benefits in a lump sum if you have returned to work for at least three months, earning at least 80% of your average weekly wage.

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) **field office handling your claim** will assist you with information to complete this form, if needed. If the insurance carrier denies your request, you may request TDI-DWC to set a benefit review conference by calling 800-252-7031.

WARNING: Supplemental Income Benefits may be available to you at the end of the impairment period if you have an impairment rating of 15% or more, are earning less than 80% of your average weekly wage as a direct result of your impairment, and if you in good faith have tried to obtain employment in line with your ability to work. IF YOU RECEIVE A LUMP SUM PAYMENT OF YOUR IMPAIRMENT INCOME BENEFITS, YOU WILL NOT BE ABLE TO RECEIVE SUPPLEMENTAL INCOME BENEFITS OR ANY ADDITIONAL INCOME BENEFITS FOR THE INJURY. Medical benefits related to this injury will not be affected if you receive a lump sum.

[Section 408.128, Commutation of Impairment Income Benefits, Section 408.041- 408.0446, Average Weekly Wage, Section 408.142, Supplemental Income Benefits, Texas Workers' Compensation Act; Rule 147.10]

8. Maximum Medical Improvement Date as Determined by a Doctor (mm/dd/yyyy) _____
9. Impairment Rating _____ % Rating Doctor's Name _____ Did you or insurance carrier dispute the rating? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekly Impairment Income Benefit Amount \$ _____
10. Date Returned to Work (mm/dd/yyyy) _____ Present Rate of Pay \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other Have you returned to work for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. I have read and understood this form, or it has been explained to me. Employee's Signature _____ Date (mm/dd/yyyy) _____

TO BE COMPLETED ONLY BY THE INSURANCE CARRIER

12. Date Received From Employee (mm/dd/yyyy)	DENIED - DOES NOT MEET REQUIREMENTS SET BY LAW <input type="checkbox"/> Employee not earning at least 80% of preinjury average weekly wage <input type="checkbox"/> Employee not employed for at least 3 months <input type="checkbox"/> Impairment rating being disputed
<input type="checkbox"/> ACCEPTED, PAYMENT ENCLOSED	
Lump Sum Amount Paid \$ _____	Date Paid (mm/dd/yyyy) _____
For Period From (mm/dd/yyyy) _____	To (mm/dd/yyyy) _____
Carrier Representative's Printed Name _____	
Signature _____	Date _____



Employee's Election for Commuted (Lump Sum) Impairment Income Benefits (DWC FORM-051)

Who may use this form to elect lump sum impairment income benefits (IIBs)?

An injured employee may elect to receive the remainder of impairment income benefits to which the employee is entitled in a lump sum if the employee has returned to work for at least three months earning at least 80% of the employee's average weekly wage.

How to Apply

The employee may apply to receive a lump sum (commute) by filing an Employee's Election for Commuted (Lump Sum) Impairment Income Benefits (DWC FORM-051) with the workers' compensation insurance carrier. The employee must also send a copy of the completed form to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC). The form may be obtained by contacting your local field office at 800-252-7031 or downloading it from the website at <http://www.tdi.texas.gov/forms/form20employee.html>.

Notice of Approval or Denial From Carrier

The insurance carrier must send a notice of approval or denial to both TDI-DWC and the injured employee no later than 14 days after receipt of the request. A notice of approval must include payment of the impairment income benefits in a lump sum. A notice of denial must include the insurance carrier's reason(s) for denial.

If the injured employee does not receive notice of approval or denial timely from the insurance carrier, the injured employee may contact the local TDI-DWC field office. If the insurance carrier denies the request, the injured employee may request TDI-DWC to set a benefit review conference to resolve the issue.

Eligibility for Further Income Benefits if Approved

If the injured employee receives a lump sum payment of impairment income benefits, the employee will not be eligible to receive supplemental income benefits or any other income benefits for the injury. **Medical benefits related to this injury will not be affected by receiving the lump sum IIBs.**

Applicable Statutes

Texas Workers' Compensation Act: <http://www.tdi.texas.gov/wc/act/index.html>

Section 408.128, Commutation of Impairment Income Benefits

Section 408.041-408.0446, Average Weekly Wage

Section 408.142, Supplemental Income Benefits

Questions?

If you have questions about this form, contact staff at your local TDI-DWC Field Office at 800-252-7031.

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.