

Send original to:
INSURANCE CARRIER

Send copy to:
TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION
FIELD OFFICE HANDLING CLAIM

CLAIM # _____
Carrier's Claim # _____

EMPLOYEE'S ELECTION FOR COMMUTED (LUMP SUM) IMPAIRMENT INCOME BENEFITS

1. Employee's Name and Telephone No. ()	2. Social Security Number (last 4 digits)	Date of Injury
4. Mailing Address (Street or P. O. Box) City State Zip Code	5. Employer's Business Name	
6. Insurance Carrier's Name		

Notice to Employee: Article 8308-4.27 of the Texas Workers' Compensation Act allows you to elect to collect your impairment income benefits in a lump sum if you have returned to work for at least 3 months or more, earning at least 80% of your pre-injury average weekly wage.

The Texas Department of Insurance, Division of Workers' Compensation **field office handling your claim** will assist you with information to complete this form, if needed. If the carrier denies your request, you may request the Division to set a benefit review conference.

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 pre-injury 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 TAKE A LUMP SUM PAYMENT OF YOUR IMPAIRMENT INCOME BENEFITS, YOU WILL NOT BE ABLE TO COLLECT 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.

[Art. 8308-4.27, Commutation of Impairment Income Benefits, Art. 8308-4.10, Average Weekly Wage, Art. 8308-4.28, Supplemental Income Benefits, Texas Workers' Compensation Act; Rule 147.10]

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

TO BE COMPLETED ONLY BY INSURANCE CARRIER

12. Date Received From Employee _____	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 _____	For Period From _____ To _____
Carrier Representative's Printed Name _____	
Signature _____	Date _____



DWC FORM - 51
Employee's Election for Commuted (Lump Sum)
Impairment Income Benefits

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 pre-injury average weekly wage. 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-51)** with the **insurance carrier**. The employee must also **send a copy** of the completed form to the **Texas Department of Insurance, Division of Workers' Compensation Field Office Handling the Claim**. The form may be obtained by contacting Claims Services in the field office.

The carrier must send a notice of approval or denial to both the Division 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 carrier's reasons.

If the injured employee does not receive notice of approval or denial timely from the carrier, the injured employee may contact Claims Services in the Division field office handling the claim. If the carrier denies the request, the injured employee may request the Division to set a benefit review conference to resolve the issue.

If the injured employee receives a lump sum payment of impairment income benefits, the employee will not be able to collect 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.

[Art. 8308-4.27, Commutation of Impairment Income Benefits, Art. 8308-4.10, Average Weekly Wage, Art. 8308-4.28, Supplemental Income Benefits, Texas Workers' Compensation Act; Rule 147.10]

