



CLAIM # \_\_\_\_\_  
 Carrier's Claim No. \_\_\_\_\_

Employee's Name \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Date of Injury \_\_\_\_\_

**STEP THREE: WAGES DURING QUALIFYING PERIOD (see STEP TWO, BLOCK 4 for dates)**

The qualifying period is a 13-week period in which your wages are reviewed to determine whether you are entitled to receive supplemental income benefits. If you are able to work in **any** capacity and are employed, you must report your earned wages by attaching a copy of paycheck stubs, employer statement(s) or other documentation for this qualifying period. If you have **any** offers of employment which you do not accept, you must include information about the offered wages as part of this application. If you are self-employed, show your gross weekly wages as the total amount of income received from self-employment. You also should attach additional information on the normal and fixed expenses of the business. If no wages were earned during a specific week, write "none."

**IMPORTANT:** If you earned less than 80% of your average weekly wage, were your reduced earnings a direct result of the impairment from the compensable injury? Yes \_\_\_ No \_\_\_

Week Ending	Gross Wages Earned	Week Ending	Gross Wages Earned
1.	\$	8.	\$
2.	\$	9.	\$
3.	\$	10.	\$
4.	\$	11.	\$
5.	\$	12.	\$
6.	\$	13.	\$
7.	\$		

**STEP FOUR: JOB SEARCH EFFORTS DURING QUALIFYING PERIOD (Continued on Page 3)**

If you have not returned to work and you are able to work in **any** capacity, you must look for a job to match your ability to work during **every week** of the qualifying period (see dates in Step Two, Block 4 on page 1). You must carefully and completely document your job search efforts. You must keep the kind of information shown below. **If necessary, attach additional pages with this same information to keep track of all your job search efforts.** It is recommended that you keep a copy of all job applications or resumes you turn in to companies during each qualifying period to support your search efforts. If you do not keep complete records, you may not be given credit for the searches. Job search documentation is not the only information that will be considered to determine your entitlement to Supplemental Income Benefits. Consideration also will be given to the number of jobs applied for during the qualifying period, the type of jobs you looked for, your education and work experience, amount of time you spent looking for jobs, any job search plan you developed, registration with the Texas Workforce Commission, any potential barriers to successful job searches and other relevant factors. In each quarter that you apply for these benefits, you must show that you searched for jobs in good faith throughout the qualifying period if you were able to work but remained unemployed.

MONTH DAY YEAR	EMPLOYER NAME AND ADDRESS	HOW CONTACTED	PERSON CONTACTED AND PHONE NUMBER	JOB APPLIED FOR	RESULTS	APPLI- CATION OR RESUME FILED
1.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO



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**STEP FOUR: JOB SEARCH EFFORTS DURING QUALIFYING PERIOD (Continued from Page 2)**

If necessary, attach additional pages with this same information to complete the record keeping responsibility you have for your job search efforts. Remember to keep copies of any applications or resumes which document your efforts to find a job. If you do not keep complete accurate records, you may not be given credit for the searches. (Make certain that you sign this *Application for Supplemental Income Benefits* on page 1.)

MONTH DAY YEAR	EMPLOYER NAME AND ADDRESS	HOW CONTACTED	PERSON CONTACTED AND PHONE NUMBER	JOB APPLIED FOR	RESULTS	APPLI- CATION OR RESUME FILED
7.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
19.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL or FAX			<input type="checkbox"/> NOT HIRING <input type="checkbox"/> PENDING <input type="checkbox"/> OFFER	<input type="checkbox"/> YES <input type="checkbox"/> NO



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**STEP FIVE: NOTICE OF ENTITLEMENT OR NON-ENTITLEMENT**

**NOTICE OF ENTITLEMENT OR NON-ENTITLEMENT**  
 Quarter No. \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
 To Be Completed By Division For First Quarter And By Insurance Carrier For Subsequent Quarters

Employee Entitled to Supplemental Income Benefits Monthly Payments for 3 Months \$ \_\_\_\_\_

Employee Not Entitled to Supplemental Income Reason for Non-entitlement: \_\_\_\_\_

Signature of Reviewing Authority \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Reviewing Authority \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

**INFORMATION FOR DISPUTING ENTITLEMENT OR AMOUNT OF SUPPLEMENTAL INCOME BENEFITS:**

**To Employee**

- To dispute non-entitlement to supplemental income benefits or the monthly amount to be paid in any quarter, you must have facts, such as your detailed job search record or a current medical report supporting your disability, or a legal basis.
- To dispute the determination by the Division or the insurance carrier, you must request a benefit review conference by contacting the local office handling your claim or call (800) 252-7031.

**To Insurance Carrier**

- To dispute the first quarter, request a benefit review conference within 10 days after receiving notice from the Division.
- To dispute entitlement to a subsequent quarter when payment has been made in the previous quarter, request a benefit review conference within 10 days after receiving the employee's *Application for Supplemental Income Benefits*.
- To dispute entitlement to a subsequent quarter without prior payment in the previous quarter, send the notice of non-entitlement to the employee within 10 days of the date the form was filed with the insurance carrier. Include the reason(s) for finding non-entitlement and give instructions to the employee about how to dispute the insurance carrier's determination.

**CALCULATION OF SUPPLEMENTAL INCOME BENEFITS**

**To Be Completed By Division Or Insurance Carrier To Show Wages Used To Calculate Monthly Payments**

1.	\$ _____ (Average Weekly Wage)	X	80%	=	\$ _____ (Transfer to Line 4A)
2.	\$ _____ (Earned Wages)	+	\$ _____ (Offered Wages)	=	\$ _____ (Transfer to Line 3A)
3.	\$ _____ (3A - Total Wages)	÷	13	=	\$ _____ (Transfer to Line 4B)
4.	\$ _____ (4A)	-	\$ _____ (4B)	=	\$ _____ (Transfer to Line 5A)
5.	\$ _____ (5A)	X	80%	=	\$ _____ (Transfer to Line 6A)
6.	\$ _____ (6A)	X	4.34821	=	\$ _____ (Monthly Payment)
If Contribution: (% _____ )					
7.	\$ _____ (Monthly Payment)	X	_____ % (% of Reduction)	=	\$ _____ (Transfer to Line 8B)
8.	\$ _____ (Monthly Payment)	-	\$ _____ (8B - Contribution Reduction)	=	\$ _____ (Reduced Monthly Payment)

