



Division of Workers' Compensation

Complete if known:

DWC claim #

Insurance carrier claim #

Application for lifetime income benefits (LIBs)

Este formulario está disponible en español en el sitio web de la División en

www.tdi.texas.gov/forms/dwc/dwc038slibs.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1: Injured employee and insurance carrier information

1. Employee's name (first, middle, last)		2. Social Security number (last four digits) XXX-XX-	
3. Employee's address (street or PO box, city, state, ZIP code)			
4. Insurance carrier's name		5. Adjuster's name (first, last)	
6. Adjuster's phone number	7. Adjuster's fax number	8. Adjuster's email	

Part 2: Injury information

9. DWC claim #	10. Date of injury (mm/dd/yyyy)	11. Accrual date See FAQ. (mm/dd/yyyy)
12. Select all options that make you eligible for LIBs. <ul style="list-style-type: none"> <input type="checkbox"/> Total and permanent loss of sight in both eyes. <input type="checkbox"/> Loss of both feet at or above the ankle. <input type="checkbox"/> Loss of both hands at or above the wrist. <input type="checkbox"/> Loss of one foot at or above the ankle and the loss of one hand at or above the wrist. <input type="checkbox"/> Injury to the spine that causes permanent and complete paralysis of both arms or both legs or one arm and one leg. <input type="checkbox"/> Physically traumatic injury to the brain that results in a permanent major neurocognitive disorder that requires occasional supervision in the performance of routine daily tasks of self-care and makes you permanently unemployable. <input type="checkbox"/> Third degree burns that cover at least 40 percent of the body and require grafting. <input type="checkbox"/> Third-degree burns covering the majority both hands. <input type="checkbox"/> Third-degree burns covering the majority of one hand and one foot. <input type="checkbox"/> Third-degree burns covering the majority of one hand and the face. <input type="checkbox"/> Third-degree burns covering the majority of one foot and the face. <input type="checkbox"/> You are a first responder with a serious bodily injury. 		

13. Certify with your signature that the above information is correct.

Signature _____ **Date** _____

FAQ

Application for lifetime income benefits (LIBs)

Learn more about LIBs in Texas Labor Code Sections 408.161(a) and (b), 408.1615, and Texas Penal Code Section 1.07, and at tdi.texas.gov/wc/employee/lifetimeben.html.

What is the accrual date for LIBs?

This is the date that an injured employee becomes eligible to get LIBs based on one of the conditions in Part 2 of this form.

How do I apply for LIBs?

Send this form to your insurance carrier. The insurance carrier has up to 60 days to approve or deny your benefits. If the insurance carrier approves your benefits, you should get your first LIBs payment within 15 days.

If the insurance carrier does not approve your application, it must send you a notice explaining why. If you don't agree, you can ask for a benefit review conference (BRC) to talk about their decision. A BRC is an informal meeting to talk about disputes. Learn more at www.tdi.texas.gov/wc/idr/brc.html.

Where do I send this form?

Send this form to the insurance carrier. Contact your insurance carrier adjuster for mailing address, fax number, or email address.

Questions?

Call 800-252-7031, Monday through Friday, 8 a.m. to 5 p.m., Central time.

Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.