

ELECTION TO ENGAGE IN ARBITRATION
TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION

Send to: Hearing / Dispute Resolution Services
 Texas Department of Insurance
 Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100
 Austin, Texas 78744

Claim No.: _____

Docket No.: _____

Claimant's Name: _____

Carrier's Name: _____

. "The undersigned parties to the above referenced claim pending before the Texas Department of Insurance, Division of Workers' Compensation, _____ Field Office, having participated in a Benefit Review Conference which ended on _____(Date), hereby elect to engage in arbitration concerning the benefit issue(s) that remain in dispute, pursuant to the Texas Labor Code, Section 410.104.

"We understand that the above arbitration election requires the consent of all parties, and that once the arbitration election is filed with the Division, the parties are no longer entitled to a Contested Case Hearing, or review by the Division Appeals Panel, and that judicial review is strictly limited. Further, we understand that an election for arbitration is binding and irrevocable and may be elected for the resolution of any disputes arising out of the claim(s) that are under the jurisdiction of the Division. The decision of the arbitrator is final unless vacated by a court of competent jurisdiction, based on the provisions of Section 410.121."

"We also acknowledge that we are familiar with the arbitration provisions of the Texas Labor Code, Sections 410.004/410.022/410.102/410.105/410.152/410.201 and Section 410.104 through Section 410.121 and the Division Arbitration Rules in Chapters 144.1 - 144.16, and we agree to abide by them."

This form must be filed with the Texas Department of Insurance, Division of Workers' Compensation not later than the 20th day after the conclusion of the Benefit Review Conference.

Claimant

Name (Print)

Signature

()

Date Phone Number

Claimant

Name (Print)

Signature

()

Date Phone Number

Represented by:

Name (Print)

Signature

()

Date Phone Number

Represented by:

Name (Print)

Signature

()

Date Phone Number

NOTE: With few exceptions, you are entitled by law to know, review, and correct information that DWC collects on its forms about you. For more information, call our Open Records section at 512-804-4437.

NOTA: Usted tiene derecho por ley de saber, revisar y corregir información que la División ha recogido en sus formularios con algunas excepciones. Para mayor información llame a la sección de archivo abierto "Open Records" al teléfono 512-804-4437.



DWC FORM - 44 Election to Engage in Arbitration

The parties to a benefit dispute are entitled to file an **Election to Engage in Arbitration**, DWC FORM-44 with the Texas Department of Insurance, Division of Workers' Compensation. Arbitration may be used only to resolve disputed benefit issues. It is an alternative to a Contested Case Hearing and requires mutual agreement of the parties. An election to engage in arbitration is binding and irrevocable on all parties and may be elected for any disputes arising out of the claim(s) that are under the jurisdiction of the Division. There is no right to appeal except as provided in the Texas Labor Code, Section 410.121. The final award rendered by the arbitrator cannot be appealed to the Division's Appeals Panel.

The election must be signed by all parties and filed with the Texas Department of Insurance, Division of Workers' Compensation within 20 days after the conclusion of the Benefit Review Conference. Texas Department of Insurance, Division of Workers' Compensation shall assign an arbitrator not later than 30 days after the date on which the election is filed with the Division and notify the parties. Each party is entitled to one rejection of an assigned arbitrator. The arbitrator will schedule an arbitration proceeding to be held within 30 days of being assigned the case and shall notify the parties, the employer, and the Texas Department of Insurance, Division of Workers' Compensation of the date and time.

This is a single page form.

[Sections - 410.004/410.022/410.102/410.105/410.152/410.201, 410.104, 410.101, 410.105-.109, 410.103/410.109-.117, 410.120, 410.121; Rules 144.1-144.16]

