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 COMMU		
Employee's Name and Telephone No.	2. Social Security Number	3. Date of Injury
()		
Mailing Address (Street or P. O. Box)	5. Employer's Business Name	
City State Zip Code	6. Insurance Carrier's Name	
Notice to Employee : Article 8308-4.27 of the Texas income benefits in a lump sum if you have returned to average weekly wage.		
The Texas Department of Insurance, Division of Wo information to complete this form, if needed. If the review conference.	•	
WARNING: Supplemental Income Benefits may Impairment rating of 15% or more, are earning less of your impairment, and if you in good faith have TAKE A LUMP SUM PAYMENT OF YOUR IMPAISUPPLEMENTAL INCOME BENEFITS OR ANY A related to this injury will not be affected if you recompleted.	ss than 80% of your pre-injury average tried to obtain employment in line RMENT INCOME BENEFITS, YOU VIDDITIONAL INCOME BENEFITS FOR eive a lump sum.	age weekly wage as a direct resulation with your ability to work. IF YOW ILL NOT BE ABLE TO COLLECTE THE INJURY. Medical beneficed by the second seco
Supplemental Income Benefits, Texas Workers' Com	pensation Act; Rule 147.10]	
7. Maximum Medical Improvement Date as Determined by a Doc	tor	
8. Impairment Rating %	Rating Doctor's Name	
Did you or insurance company dispute the rating	Weekly Impairment Income Benefit Amou	nt \$
9. Date Returned to Work	Present Rate of Pay \$	
_	_	- Hourly Weekly
Have you returned to work for at least 3 months? Yes 10. <i>I have read and understood this form, or it ha</i>		☐ Monthly ☐ Other
10. I have read and understood this form, or it ha	s been explained to me.	
Employee's Signature	D	ate
TO BE COMPLE	TED ONLY BY INSURANCE CARRIE	R
12. Date Received From Employee	DENIED - DOES NOT MEET RE	EQUIREMENTS SET BY LAW
	☐ Employee not earning at lea	ast 80% of preinjury average weekly wage
_	☐ Employee not employed for	at least 3 months
☐ ACCEPTED, PAYMENT ENCLOSED	☐ Impairment rating being disp	puted
Lump Sum Date Amount Paid \$ Paid	For Period From	To
Corrier Depresentatively Drinted North		
Carrier Representative's Printed Name		
Signature	Date	2



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]

