



TEXAS
WORKERS' COMPENSATION COMMISSION
7551 Metro Center Drive, Suite 100, MS-3, AUSTIN, TEXAS 78744
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www.twcc.state.tx.us

ADVISORY 2005-02

SUBJECT: Revision of the TWCC-6, Supplemental Report of Injury

The TWCC-6, *Supplemental Report of Injury*, has been revised as part of the agency's ongoing efforts to improve information regarding Return to Work outcomes, and identification of system participants for assistance with Return to Work services. The revised form requires much of the same information as the previous form with the additions of queries regarding return to work and accident prevention services. Also, the TWCC-6 will now be accepted by the agency; with implementation of the new document management system, it will be scanned into the electronic claim file where it may be accessed by parties with establish authority to view claim information. The form instruction sheet has been revised to clarify the responsibilities of both the employer and the injured worker when the injured worker's work hours or wages are affected by a compensable injury.

The Commission encourages customers to destroy blank copies of the old form and begin using the new form immediately. After June 6, 2005, the previous TWCC-6 will be rejected and we will request the new form be completed and resubmitted. The instructions and new forms are available for download at the following links:

Instructions/Form for the TWCC-6, Supplemental Report of Injury

- o English Version: <http://www.twcc.state.tx.us/forms/pdf/twcc6.pdf>

If you have any questions, contact the Customer Services Division at 512-804-4636 or send an e-mail to customer.services@twcc.state.tx.us

Signed this 23rd day of February, 2005

Robert L. Shipe, Executive Director

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