



(CompMinute provides a briefing to Texas workers' compensation system participants on new initiatives underway at the Texas Department of Insurance, Division of Workers' Compensation).

DIVISION SIMPLIFIES FORMS FOR INJURED EMPLOYEES

(April 10, 2007) – The Texas Department of Insurance, Division of Workers' Compensation (Division) has changed three of its forms to make them easier to use for injured employees and other workers' compensation system participants.

The new forms have been simplified and reorganized. One of the forms, the DWC Form-041, has been shortened from a total of seven pages to two pages. Also, the new interactive format of the revised forms allows users to fill them out and save them on a computer.

The following revised forms have been posted, in both English and Spanish, to the Division website:

- *Employee's Claim for Compensation for Work-Related Injury or Occupational Disease, DWC Form-041;*
- *Notice of Fatal Injury or Occupational Disease and Claim for Compensation for Death Benefits, DWC Form-042; and*
- *Employee's Request to Change Treating Doctors – Non Network, DWC Form-053*

The forms can be downloaded from the main forms page at <http://www.tdi.state.tx.us/forms/form20employee.html>, under "Employee Forms."

"These forms have been revised to improve communication and simplify processes for injured employees and all system participants," said Patricia Gilbert, Executive Deputy Commissioner for Operations. "Forms are an important contact point for the Division with its customers and we intend to make them easy to read and to use."

These Division forms are now posted both as interactive Word and Adobe Acrobat Portable Document Format (PDF) documents. In either of these formats, users can fill in the forms and save them electronically for their convenience.

This CompMinute is posted on the Division website at the following link:
<http://www.tdi.state.tx.us/wc/news/news.html>.

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