TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:

DWC claim #

Insurance carrier claim #

Supplemental income benefits (SIBs) application

Este formulario está disponible en español en el sitio web de la División en
www.tdi.texas.gov/forms/dwc/dwc052ssibs.pdf
Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1: Claim information

1. Name (first, middle, last)	**2. Social Security number** (last four digits) XXX-XX-
3. Address (street or PO box, city, state, ZIP code)	**4. Phone number**
5. Date of injury (mm/dd/yyyy)	**6. Email address**
7. Insurance carrier's name	**8. Adjuster's name**
9. Adjuster's phone number	**10. Adjuster's fax number**

Part 2: Information about SIBs quarter

Check one: ☐ First quarter ☐ All other quarters: enter quarter number

11. Dates of qualifying period Beginning date: (mm/dd/yyyy) Ending date: (mm/dd/yyyy)	**12. Dates of quarter** Beginning date: (mm/dd/yyyy) Ending date: (mm/dd/yyyy)

13. Impairment rating	**14. Date of maximum medical improvement** (mm/dd/yyyy)	**15. Filing deadline** (mm/dd/yyyy)	**16. Number of work searches required**

Part 3: Work status during the qualifying period (check status for each week)

17. Status	**Week**												
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Searching for work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Working	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vocational rehab	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Unable to work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Employee's name: DWC claim number:	For DWC use only

Part 4: Wages earned during qualifying period (must provide check stubs)

Week	18. Weekly	19. Biweekly	20. Monthly	21. Pay period dates (mm/dd/yyyy-mm/dd/yyyy)	22. Gross wages
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part 5: Certification

23. I certify that:

- I earn less than 80% of my average weekly wage because of my impairment.
- I was unable to work due to my injury or I made an active effort to find a job.
- I did not receive a lump sum for any impairment income benefits.
- The information on this application is true.

Signature_____ **Date**_____

Employee's name:

DWC claim number:

For DWC use only

Part 6: Insurance carrier's decision about benefits for other quarters

24. Quarter number	25. Beginning date (mm/dd/yyyy)	26. Ending date (mm/dd/yyyy)

27. Choose one:

☐ **Approved:** You will get supplemental income benefits.

28. Your monthly payment for three months $

☐ **Denied:** You will not get supplemental income benefits because:

29. (mark the reason for denial):

- ☐ You did not provide enough information to prove that you met the work search requirements.
- ☐ The injury is not the reason that you are not able to work.
- ☐ Your income is more than 80% of what you made before you were hurt.
- ☐ You no longer meet requirements for supplemental income benefits.
- ☐ Other (provide reason):

30. Signature of reviewing authority	31. Date (mm/dd/yyyy)

32. Printed name of reviewing authority	
33. Title	34. Phone number

Employee's name: DWC claim number:	For DWC use only

FAQ

Supplemental income benefits (SIBs) application

Where do I send this form?

- For the **first quarter**, send this form and supporting documentation to the Texas Department of Insurance, Division of Workers' Compensation (DWC) by the filing due date on the SIBs notification letter.

  Fax: 512-804-4378

  Mail: Texas Department of Insurance, Division of Workers' Compensation
  Claims and Customer Services, Mail Code CCS
  PO Box 12050
  Austin, TX 78711

- For all other quarters, send application and supporting documentation to the insurance carrier by fax, mail, or email.

What is needed to meet the work search requirements?

For **each week** during the qualifying period, you must:

1) show active participation in a vocational rehabilitation program provided by the Texas Workforce Commission (TWC) or a private vocational rehabilitation provider;
2) show active participation in work search efforts conducted through TWC; or
3) show you were actively looking for a job by attaching job applications or other documents showing you have applied or asked for a job.

You may use the attached work search log to track the applications you've submitted each week. You can attach more work search pages if needed.

The number of weekly work searches is based on the county you live in. Contact DWC or visit www.twc.texas.gov/jobseekers/required-number-work-search-activities-county for the number of work searches your county requires. If out of state, contact your local unemployment office to find out how many work searches you must do.

What if I'm unable to perform any type of work in any capacity?

You must provide a narrative report from a doctor which specifically explains how your injury causes a total inability to work, and no other records show that you are able to return to work.

Can I still apply if I'm working?

Yes, if you are earning less than 80% of your average weekly wage due to permanent impairment from your injury. You can document this with pay stubs or wage statements. You must meet work search requirements for any weeks during the qualifying period you are not working.

What if my application is denied?

You can ask for a benefit review conference. At the conference, someone from DWC will listen to you and the insurance carrier and try to help you reach an agreement. An injured employee who is not represented by an attorney may also get help by contacting the Office of Injured Employee Counsel at 866-393-6432.

Questions?

Call 800-252-7031, Monday to 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).
- 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.

Work search log (Note: make copies of this page as needed.) **Number of weekly work searches required**

Date you applied	Position	Employer name and address	Employer email, website, or phone	Job offered?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Employee's name:

DWC claim number:

For DWC use only