

# **NOTICE OF WITHHOLDING TO RECOUP OVERPAYMENT OF INCOME BENEFITS**

Date: \_\_\_\_\_

To: Injured Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Re: Date of Injury: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Insurance Carrier Claim No.: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Third Party Administrator: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_

Adjuster's Phone Number: \_\_\_\_\_

Adjuster's Fax Number or Email: \_\_\_\_\_

This is a Plain Language Notice pursuant to DWC Rule §126.16 that requires the Insurance Company and/or Third Party Administrator to notify the Injured Employee that the Insurance Company will begin withholding future income benefits to recoup an overpayment. This notice satisfies DWC Rule §126.16 in that the Insurance Carrier notifies this Injured Employee of overpayment and recoupment for the following reasons:

**This Notice is in English (if the notice is in Spanish, state here)**

**Reason for the Overpayment (list all the reasons why there is an overpayment)**

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**The Amount of the Overpayment to be Recouped from Future Income Benefit Payments  
(list the total amount that was overpaid and the amount to be recouped)**

**The Date Recoupment Will Begin (list the first date recoupment will begin – cannot be before the second benefit payment after notice is sent)**

**Relevant Documentation that Supports Recoupment (attach all documents that support the fact that there's an overpayment, such as wage statement or supplemental report of injury)**

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If the Injured Employee disagrees that there has been an overpayment, then the Employee may request resolution through the dispute resolution processes in Chapters 140 – 144 and 147. The Injured Employee may seek expedited dispute resolution. The Insurance Carrier will begin recoupment no earlier than the second income benefit payment after written notice has been sent to this Injured Employee. The Insurance Carrier will notify the Division and the Injured Employee of any change in the payment of the Employee's income benefits pursuant to DWC Rule §124.2.

This Injured Employee may contact the Office of Injured Employee Counsel at 1-866-393-6432 or <http://www.oiec.texas.gov/> to further discuss. You may also contact the Texas Department of Insurance, Division of Workers' Compensation for further assistance. You have the right to request a Benefit Review Conference. You can contact the Division office handling your claim at 1-800-252-7031, 1-800-372-7713 or <http://www.tdi.texas.gov/wc/index.html>. If you would like to receive notices such as this by facsimile or e-mail, please contact the adjuster and provide your facsimile number or e-mail address.

Please note that making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment