

NonSubscriber – Compliance Package

We have enclosed the forms that are so vital in maintaining your status as a Non-Subscriber in the state of Texas. They include:

1. The DWC Form-005 (Rev. 02/18) that you must complete annually between February 1st and April 30th. Complete and send into the state by Certified Mail, return receipt requested. You can now file your DWC Form 5 on-line: [Employer Online Filings \(texas.gov\)](https://www.texas.gov/online-filings). Texas Department of Insurance is now requiring effective dates be listed in Section I; Question 1. Effective date must be May 1st of current year and expiration date April 30th of next year.
2. The DWC Form-7 (Rev 2/22) that you need to complete to report any claims. Send in monthly, only if there were injuries that resulted in lost time in excess of the date of the injury.
3. The “Notice to Employees” that you must have all current employees’ sign. All employees must sign this form when they are hired and then placed in their personnel file.
4. The posters that are required to be posted “in an area frequented by the employees”. The “Notice to Employees concerning Workers’ Compensation in Texas” must be posted in both English and Spanish and any other appropriate language.



Texas Department of Insurance

FOR IMMEDIATE RELEASE – September 24, 2012

FOR MORE INFORMATION – Michelle Banks (512)804-4203 or (media) John Greeley (512)463-6425
pio@tdi.state.tx.us – <http://www.tdi.texas.gov/wc/news/index.html>

Texas Workers' Compensation Nonsubscriber Employers Reporting Requirements Change on January 1

AUSTIN, TX — Effective January 1, 2013, Texas employers who do not carry workers' compensation insurance coverage have new requirements for reporting their non-coverage status to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC), the state agency responsible for regulating workers' compensation, and to their employees. In addition, they are required to report work-related injuries and occupational illnesses to the TDI-DWC. An employer's failure to comply with these notification requirements is an administrative violation and the employer may be subject to penalties [Texas Labor Code §406.004(a) and (e), §411.032(a) and (c), and Chapter 415, Subchapter C].

All employers in Texas that do not carry workers' compensation insurance and whose employees are not exempt from coverage under the Texas Workers' Compensation Act are required to notify the TDI-DWC by filing the recently revised DWC Form-005, *Employer Notice of No Coverage or Termination of Coverage*. For notices required to be submitted to the TDI-DWC on or after January 1, 2013, employers must file the DWC Form-005:

- annually between February 1st and April 30th of each calendar year as long as the employer remains in operation and does not have workers' compensation insurance coverage (covering a notice period of May 1st of the year of notice submission through April of the subsequent year);
- within 30 days of the employer hiring its first employee, unless this due date falls between February 1st and April 30th and the employer submits the notice within this time period; and
- within 10 days of receipt of a TDI-DWC request for filing a notice of no coverage.

An employer reporting **notice of termination of coverage** must file the DWC Form-005:

- within 10 days after notifying the insurance carrier of the termination of coverage unless the employer purchases a new policy or becomes a certified self-insurer; and
- annually thereafter, on the anniversary of the cancellation date of the workers' compensation policy as long as the employer remains in operation and does not have workers' compensation insurance coverage.

Employers will be required to file the revised DWC Form-005 with the TDI-DWC on and after January 1, 2013. Non-coverage status can be reported online on the TDI website at <https://txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp> under "Employer Online Filings."

Employers completing the DWC Form-005 online will be required to supply the business name, business type, Federal Employer Identification Number and details on business locations or updated information on business locations. Hard copies of the revised form are available for download from the TDI website. The DWC Form-205, *Locations of Employer's Business(es)*, is also available for download from the TDI website. This form is filed as an attachment to the DWC Form-005.

(more)

In addition to reporting non-coverage status to the TDI-DWC, employers are required to notify their employees that they do not carry workers' compensation insurance coverage. An employer must post the recently revised *Notice to Employees Concerning Workers' Compensation in Texas* in their workplace in English, Spanish and any other language common to the employer's employee population in the print type specified by TDI-DWC rules by January 1, 2013 and whenever the employer:

- elects to not have workers' compensation insurance;
- cancels or terminates workers' compensation insurance;
- withdraws from certified self-insurance; or
- has its workers' compensation coverage cancelled by the insurance company.

Employers must also provide a written copy of the recently revised *Notice to Employees Concerning Workers' Compensation in Texas* to each employee:

- at the time of hire;
- when the employer elects to not have workers' compensation insurance;
- within 15 days of notification to the insurance carrier that the employer is terminating workers' compensation insurance coverage unless the employer maintains continuous workers' compensation insurance coverage under a new policy or becomes a certified self-insurer; or
- within 15 days of cancellation of the employer's workers' compensation insurance coverage by the insurance company.

Texas employers with five or more employees who are exempt from workers' compensation coverage under Texas Labor Code §406.091 are also required to report work-related injuries and illnesses to the TDI-DWC. Employers must report each work-related injury or illness by the seventh day of the following month using the DWC Form-007, *Non-Covered Employer's Report of Occupational Injury and Illness*, for each:

- work-related injury resulting in the employee's absence from work for more than one day;
- occupational disease of which the employer has knowledge; and
- work-related fatality.

All employees are included under this requirement except domestic workers; casual workers engaged in employment incidental to a personal residence; certain farm and ranch workers; and employees covered by a method of compensation established under federal law.

Workers' compensation insurance coverage provides covered employees with income and medical benefits if they sustain a work-related injury or illness. Most Texas private employers can choose whether or not to provide workers' compensation insurance coverage for their employees. Except in cases of an intentional act or omission or gross negligence involving a fatality, workers' compensation insurance limits an employer's liability if an employee brings suit against the employer for damages.

Copies of the DWC Form-005, DWC Form-007, DWC Form-205 and *Notices to Employees Concerning Workers' Compensation in Texas* are available for download from the TDI website at www.tdi.texas.gov/forms/form20.html.

New and amended rules Texas Administrative Code §§160.1-160.3 as adopted by the Commissioner of Workers' Compensation may be viewed on the Secretary of State website at <http://www.sos.state.tx.us/texreg/index.shtml>.

If you have questions about employer workers' compensation reporting requirements, contact the TDI-DWC's Insurance Coverage section at 1-800-372-7713.

###

Frequently Asked Questions

Employer Notice of No Coverage or Termination of Coverage

Who must file the DWC Form-005?

You must file the DWC Form-005 if you:

- do not have workers' compensation insurance, or
- you have terminated your workers' compensation insurance coverage

However, if your only employees are exempt from coverage under the Texas Workers' Compensation Act (for example, certain domestic workers, and certain farm and ranch workers) you do not have to file.

Failure to file the form when required may subject the employer to administrative penalties.

How do I file the DWC Form-005?

Employers can submit the DWC Form-005 to the TDI-DWC by:

- **filing electronically on the TDI website at:**
<https://www.tdi.texas.gov/forms/form20numeric.html>
- faxing the form to (512) 804-4146; or
- mailing the form to the address listed at the top of the form.

When do I file the DWC Form-005?

You must file a separate DWC Form-005 each time one of the following conditions exists:

- **Annually** between February 1st and April 30th of each calendar year;
- **Within 30 Days** of hiring your first employee, unless this due date falls between February 1st and April 30th and you submit the form within this time period;
- **Within 10 Days** of receiving a request (to file the DWC Form-005) from DWC;
- **Within 10 Days** after notifying your workers' compensation insurance carrier that you are terminating coverage unless you purchase a new policy or become a certified self-insurer;

How do I determine my filing start date?

Use **May 1**, unless:

1. You have never filed a DWC Form-005, then the start date is the first day you did not have coverage (see either #2 or #3 to determine the specific date).
2. You terminated workers' compensation insurance coverage, then the start date is the first date you did not have coverage.
3. You hired your first employee, then the start date is the first day the employee started working.

How do I determine my filing period end date?

Use **April 30**, unless:

- You purchased, or plan to purchase a workers' compensation insurance policy, then the End Date is the last date you did not, or will not, have coverage.

What is a NAICS code?

NAICS (pronounced "nakes") is the six-digit North American Industry Classification System code that identifies the classification of your business. You may be able to locate the code in either:

1. Block 5 of your Unemployment Quarterly Report (Form C-3) from the Texas Workforce Commission; and/or;
2. If you have multiple NAICS codes, they may appear in the left margin of the Multiple Worksite Report - BLS 3020 from the U.S. Bureau of Labor Statistics; or
3. For more help with NAICS codes, visit the NAICS web page at:
www.naics.com

Select "Find Your NAICS Code" from the top menu and use the "NAICS Keyword Search" to enter one or more words that generally describe your business. For example, if you are in the restaurant business, enter "restaurant" and get a complete listing of NAICS codes for the restaurant industry.

Are any fields on the DWC Form-005 optional?

All applicable fields must be completed each time the DWC Form-005 is filed.

Section I

- The effective dates are always required.

Section II

- When reporting cancellation or termination of workers' compensation insurance in Statement of No Coverage, the policy and insurer information, and the notification dates must be provided.

Section III

- A selection from Statement of Reportable Injuries or Diseases is always required.

Section IV

- All primary employer fields (boxes 3 through 7) are required.
- Additional business location information is required when applicable.

Section V

- The signature field is not required when filing online.

How/when must a non-subscriber notify employees that workers' compensation coverage is not provided?

You must post the **Notice to Employees Concerning Workers' Compensation in Texas** in the workplace in English, Spanish and any other language common to the employer's employee population in the print type specified by DWC rules whenever you:

1. elect to not have workers' compensation insurance;
2. cancel or terminate workers' compensation insurance;
3. withdraw from certified self-insurance; or
4. have workers' compensation coverage cancelled by the insurance company.

You **must also provide** this notice to each employee:

1. at the time of hire;
2. when the employer elects to not have workers' compensation insurance;
3. within 15 days of notification to the insurance carrier that the employer is terminating coverage unless the employer maintains continuous coverage under a new policy or becomes a certified self-insurer; or
4. within 15 days of cancellation by the insurance company.

The required notice may be found on the TDI website at:

<http://www.tdi.texas.gov/forms/dwc/notice5.pdf> (English) and
<http://www.tdi.texas.gov/forms/dwc/notice5s.pdf> (Spanish)

Are non-covered employers required to file other forms with TDI-DWC?

You must report work-related injuries and diseases using the DWC Form-007, *Employer's Report of Non-covered Employee's Occupational Injury or Diseases* if:

1. You have five or more employees and do not have workers' compensation insurance; or
2. you have employee(s) that have waived workers' compensation insurance coverage, whether or not you have workers' compensation insurance.

You must file the form not later than the 7th day of the month following any month in which:

- a work-related death occurred;
- an employee was absent from work for more than one day* as a result of a work-related injury;
- you acquired knowledge of an occupational disease.

*Do not count the day of the injury or the day the injured employee returned to work when calculating the number of days absent from work.

The DWC Form-007 can be obtained from the TDI website at <http://www.tdi.texas.gov/forms/dwc/dwc007injc.pdf>.

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); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html



Texas Department of Insurance
Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • MS-96
 Austin, TX 78744-1645
 (800) 372-7713 phone • (512) 804-4146 fax

DWC205

For TDI-DWC Use Only

Locations of Employer's Business(es)
Addendum to DWC Form-005 or DWC Form-020
Type or print each item on this form in black ink

Check the appropriate box:

- Addendum to DWC Form-005 *Employer Notice of No Coverage or Termination of Coverage*
- Addendum to DWC Form-020 *Insurance Carrier Notice of Coverage or Cancellation/Non-renewal of Coverage*

I. PRIMARY EMPLOYER INFORMATION

Primary Employer's Business Name	Federal Employer ID Number
----------------------------------	----------------------------

II. ADDITIONAL BUSINESS LOCATIONS

Use this section to add or delete coverage for locations, subsidiaries, and/or separate entities of the primary employer.	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	

NOTE: With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).



Employer's report of noncovered employee's work-related injury or illness

Choose one:

- Nonsubscribing employer (an employer that does not provide workers' compensation coverage)**
- Subscribing employer (employee declined workers' compensation insurance coverage)**

Part 1. Employer information

1. Business name		2. Reporting period (month and year)			
3. Number of injured employees included in this report		4. Business mailing address (street or PO box, city, state, ZIP code)			
5. Employer North American Industry Classification System (NAICS) codes					
	Code 1	Code 2	Code 3	Code 4	Code 5
Six-digit NAICS code					
Highest number of employees in month of report*					
*Include full-time, part-time, temporary, and permanent employees.					
6. Business physical address (street or PO box, city, state, ZIP code)			7. Business employer phone number		
8. Federal Employer Identification Number (FEIN)			9. Name of person completing form		
10. Phone number of person completing form			11. Title of person completing form		
12. Signature of person completing form			13. Date of signature (mm-dd-yyyy)		



Part 2. Injured employee information

14. Employee name (first, middle, last)		15. Social Security number	16. Date of birth (mm-dd-yyyy)
17. Date of hire (mm-dd-yyyy)		18. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	19. Occupation
20. Hourly wage	21. Six-digit NAICS code of employee's work at the time of the injury or illness as listed in Box 5.		
22. Race and ethnic identification <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)			
23. Address where work-related injury or illness happened (street or PO box, city, state, ZIP code)			
24. Location where injury or illness happened <input type="checkbox"/> Primary business location <input type="checkbox"/> On-site job location <input type="checkbox"/> Traveling between job locations			
25. Date of injury or illness (mm-dd-yyyy)		26. Date reported by employee (mm-dd-yyyy)	
27. Return-to-work date (mm-dd-yyyy)		<input type="checkbox"/> Actual date or	<input type="checkbox"/> Expected date
28. Reported cause of injury (Examples: overexertion due to lifting or pushing, caught between, slip, trip, fall.)			
29. Nature of injury or illness (Examples: cut, burn, bruise, fracture, sprain, strain, chemical burn, dermatitis, asbestosis, or silicosis. For multiple injuries, list the most serious injury.)			
30. Equipment involved in the injury, if any			
31. Body parts affected			
32. Number of days absent from work, not including the day of injury or the day of return to work <input type="checkbox"/> 1 day or less (work-related illness only) <input type="checkbox"/> 2-7 days <input type="checkbox"/> 8 days or more			
33. Date of first day absent from work	34. Work-related illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	35. Death? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of death.	
36. Describe what happened (Example: "Fell off ladder and broke arm while painting house.")			



Information for other injured employees

(Use extra pages if necessary)

Business name		Reporting period (month and year)	Federal Employer Identification Number
14. Employee name (first, middle, last)		15. Social Security number	16. Date of birth (mm-dd-yyyy)
17. Date of hire (mm-dd-yyyy)		18. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	19. Occupation
20. Hourly wage	21. Six-digit NAICS code of employee's work at the time of the injury or illness as listed in Box 5.		
22. Race and ethnic identification <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)			
23. Address where work-related injury or illness happened (street or PO box, city, state, ZIP code)			
24. Location where injury or illness happened <input type="checkbox"/> Primary business location <input type="checkbox"/> On-site job location <input type="checkbox"/> Traveling between job locations			
25. Date of injury or illness (mm-dd-yyyy)		26. Date reported by employee (mm-dd-yyyy)	
27. Return-to-work date (mm-dd-yyyy)		<input type="checkbox"/> Actual date or <input type="checkbox"/> Expected date	
28. Reported cause of injury (Examples: overexertion due to lifting or pushing, caught between, slip, trip, fall.)			
29. Nature of injury or illness (Examples: cut, burn, bruise, fracture, sprain, strain, chemical burn, dermatitis, asbestosis, or silicosis. For more than one injury, list the most serious injury.)			
30. Equipment involved in the injury, if any			
31. Body parts affected			
32. Number of days absent from work, not including the day of injury or the day of return to work <input type="checkbox"/> 1 day or less (work-related illnesses only) <input type="checkbox"/> 2–7 days <input type="checkbox"/> 8 days or more			
33. Date of first day absent from work	34. Work-related illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	35. Death? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of death.	
36. Describe what happened (Example: "Fell off ladder and broke arm while painting house.")			



FAQ

Employer's report of noncovered employee's work-related injury or illness

Who must use this form?

Employers that **do not have** workers' compensation insurance coverage (nonsubscribers) and **employ five or more employees who are not exempt** from workers' compensation insurance coverage must file the DWC Form-007. Examples of exempt employees include certain domestic workers, and certain farm and ranch workers.

Employers that **have** workers' compensation insurance coverage must file the DWC Form-007 to report an on-the-job injury or illness for an **employee who has waived** workers' compensation insurance coverage. See Texas Labor Code Section 406.034 for more information.

What do I do if I need to report more than two injured employees?

Copy page three of the form as many times as you need to report more injured employees.

When do I file the DWC Form-007?

You must file the form no later than the 7th day of the month after the month:

- a work-related death happened;
- an employee was absent from work for more than one day because of an on-the-job injury; or
- the employer knew about a work-related illness.

You do not have to report months with no deaths, injuries, or illnesses.

Are any fields on the DWC Form-007 optional?

No, you must answer all fields by checking the box or filling in the blank.

Where can I find more information about NAICS codes?

Find more information at the United States Census Bureau at www.census.gov/naics or the National Technical Information Service at www.nits.gov.

Where do I send this form?

- **Fax:** 512-804-4146
- **Mail:** Texas Department of Insurance
Division of Workers' Compensation
Business Process Operations, MC BP-OPS
PO Box 12050
Austin, TX 78711-2050

Questions?

Call 1-800-252-7031, 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); and
- 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/commissioner/legal/lccorprc.html.

NOTICE TO EMPLOYEES

(Name of Employer / Nombre del Patron)

COVERAGE: The above employer **DOES NOT** have workers' compensation insurance coverage to protect you from damages resulting from a work-related injury or illness. However, you may have rights under the common law of Texas. Your employer is required to provide you with coverage information when you are hired or whenever the employer becomes, or ceases to be covered by workers' compensation insurance.

SAFETY HOTLINE: The Commission has established a 24-hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division of Workers' Health and Safety at 1-800-452-9595.

COBERTURA: Patron **NO** tiene aseguranza de compensacion para el trabajador para protegerio contra danos que pudieran resultar de una lesion o enfermedad relacionada con su trabajo. Sin embargo, puede ser que usted tenga derechos que la ley comun de Tejas le otorga. Su patron esta obligado a proporcionarle informacion sobre la aseguranza cuando lo contrate para trabajar y asi mismo debe de informarle cuando obtenga o deje de tener seguro de compensacion para el trabajador.

LINEA PARA REPORTAR CONDICIONES INSEGURAS: La Comision ha establecido una linea telefonica gratuita las 24 horas del dia, para reportar condiciones inseguras en el lugar de trabajo que pudiera violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los patrones suspendan, despidan o descriminen al empleado o empleada porque el o ella, de buena fe, reporta una alegada violacion ocupacional de salud o seguridad. Comuniquese con la Seccion de Salud y Seguridad Laboral al numero 1-800-452-9595.

I have read and understand the above notice.

He leído y entiendo esta notificación.

EMPLOYEE:

EMPLEADO: _____

EMPLOYER:

PATRON: _____

DATE:

FECHA: _____



Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4001 fax • www.tdi.texas.gov

YOU MAY USE YOUR OWN LETTERHEAD WITH THE FOLLOWING INFORMATION

Reference Rule 110.101

- (a) In addition to the posted notice required by subsection (e) of this section, employers, as defined by Labor Code Section 406.001, shall notify their employees of workers' compensation insurance coverage status, in writing. This additional notice:
- (1) shall be provided at the time an employee is hired, meaning when the employee is required by federal law to complete both a W-4 form and an I-9 form or when a break in service has occurred and the employee is required by federal law to complete a W-4 form on the first day the employee reports back to duty;
 - (2) shall be provided to each employee, by an employer whose workers' compensation insurance coverage is terminated or cancelled, not later than the 15th day after the date on which the termination or cancellation of coverage takes effect;
 - (3) shall be provided to each employee, by an employer who obtains workers' compensation insurance coverage, not later than the 15th day after the date on which coverage takes effect, as necessary to allow the employee to elect to retain common law rights under Labor Code Chapter 406;
 - (4) shall include the text required in the posted notice (see rule 110.101 (e)(1), (e)(2), (e)(3), (e)(4) for appropriate language); and
 - (5) if the employer is covered by workers' compensation insurance (subscriber) or becomes covered, whether by commercial insurance or through self-insurance as provided by the Texas Workers' Compensation Act (Act), shall include the following statement:

NOTICE TO NEW EMPLOYEES

“You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained workers' compensation insurance coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.”

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] _____ does not have workers' compensation insurance coverage. As an employee of a non-covered employer, you are not eligible to receive workers' compensation benefits under the Texas Workers' Compensation Act. However, a non-covered (non-subscribing) employer can and may provide other benefits to injured employees. You should contact your employer regarding the availability of other benefits for a work-related injury or occupational disease. In addition, you may have rights under the common law of Texas should you have an on the job injury or occupational disease. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

Non-Covered Employer

Texas Workers' Compensation Rule 110.101(e)(4) requires employers who are not covered by workers' compensation, either by election, cancelation or termination of coverage to advise their employees that they do not have workers' compensation insurance coverage.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any;
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(4).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

Do Not Post This Side

AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

COBERTURA: [Name of employer] _____

_____ no cuenta con una cobertura de seguro de compensación para trabajadores. Como empleado de un empleador que no cuenta con una cobertura, usted no es elegible para recibir beneficios de compensación para trabajadores bajo la Ley de Compensación para Trabajadores de Texas. Sin embargo, un empleador no cubierto (no suscriptor) puede y debe proporcionar otros beneficios a los empleados lesionados. Usted debe comunicarse con su empleador para obtener información sobre la disponibilidad de otros beneficios por una lesión o enfermedad ocupacional relacionada con el trabajo. Además, usted podría tener derechos bajo la ley de "Derecho Común de Texas" (Common Law of Texas, por su nombre en inglés), en caso de que usted llegara a sufrir una lesión o enfermedad ocupacional relacionada con el trabajo. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

LÍNEA DIRECTA PARA REPORTAR VIOLACIONES DE

SEGURIDAD: La División cuenta con una línea gratuita telefónica que está en servicio las 24 horas del día para reportar condiciones inseguras en el área de trabajo que podrían violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los empleadores suspendan, despidan o discriminen en contra de cualquier empleado porque él o ella de buena fe reporta una alegada violación ocupacional de salud o seguridad. Comuníquese con la División al teléfono 1-800-452-9595.

EMPLEADORES SIN COBERTURA

El Reglamento 110.101 (e)(4) de Compensación para Trabajadores de Texas requiere que los empleadores que no cuentan con una cobertura de compensación para trabajadores, ya sea por elección, cancelación o anulación de la cobertura notifiquen a sus empleados que no cuentan con una cobertura de seguro de compensación para trabajadores.

Avisos en inglés, español y cualquier otro idioma común para la población de los trabajadores del empleador deben ser puestos a la vista y:

1. Mostrarse en un lugar prominente de la oficina de personal del empleador, si es que la hay;
2. Ubicar este aviso en el área de trabajo de tal manera que los empleados lo vean regularmente;
3. El título debe ser impreso en tamaño 26, en letra negrita de punto, el tema debe ser impreso en tamaño 18, en letra negrita de punto, y el texto, por lo menos en tamaño 16 en letra negrita de punto normal; y
4. Contener las palabras exactas según lo señalado en el Reglamento 110.101 (e)(4).

El aviso que se muestra al reverso de esta página cumple con los requisitos que se han señalado en la parte de arriba. El negarse a mostrar o proporcionar esta información, según lo requerido en el reglamento es una falta a la ley y a los reglamentos de la División. El infractor podría estar sujeto a sanciones administrativas.

NO MOSTRAR ESTE LADO