



Check only one

Initial  Six-month  Job change

Instructions

To be completed by the injured worker

Injured worker name		Claim number	Date of injury
Address	City	State	Nine-digit ZIP Code
Current employer		Job title	
Employer address	City	State	Nine-digit ZIP Code
Receives a gross weekly salary of	Works	Hours per week	Check box if injured worker has a substantial variation in income <input type="checkbox"/>

Conditions regarding the receipt of Living Maintenance Wage Loss (LMWL)

- I must have a physician of record's release to return to work at the initial authorization for LMWL. I must also provide documentation of my current physical limitations from the physician of record at each six month LMWL authorization to continue LMWL benefits. I must submit this information to the disability management coordinator on my customer service team.
- I must submit at least, on a monthly basis, a copy of my pay stubs to the disability management coordinator.
- If I have a job that relies on commissioned sales, seasonal work or self-employment, I must submit pay stubs and a copy of my Federal Estimated Tax for Individuals. I must submit this documentation on a quarterly basis (every 13 weeks) to the disability management coordinator.
- I must request a renewal by contacting the disability management coordinator within 30 days prior to the expiration date of the current authorization.
- If I plan to make a change in employment after receipt of LMWL, I must first notify the disability management coordinator assigned to my claim to maintain eligibility for LMWL. I will need to provide the job title, expected salary, and scheduled hours of the new employment. I cannot choose to work at a lower paying job for reasons unrelated to my allowed injury and continue to receive LMWL.
- If I worked for a self-insuring employer, I must submit all LMWL documentation to that employer. If I worked for a state-fund employer, then I must submit all LMWL documentation to my disability management coordinator as outlined above.

**Warning:** I realize I must report to BWC all income I receive for all labor or work I perform while receiving LMWL. I understand BWC calculates the amount of LMWL to which I am entitled from the wages that I provide. I understand that my failure to accurately report my income could result in my receiving LMWL to which I am not entitled. I further understand that if I fail to accurately report my full income to BWC, and in doing so, I knowingly make a false statement, misrepresent or conceal a fact or perform any other act of fraud in order to obtain LMWL from BWC, I may be subject to felony criminal prosecution and may, under appropriate criminal provisions be punished by a fine or imprisonment or both.

Injured worker certification

By signing below, I certify I have read and understand the statements above and agree with these conditions:

Injured worker signature	Date
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Disability management verifies the following:

Accident employer	Risk/policy number	Manual number
Pre-injury full weekly wage \$	Pre-injury average weekly wage \$	
Originally was authorized for LMWL on	Expiration date of this LMWL authorization	Return to work on
Disability management coordinator	Date	

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative