Authorization for Living Maintenance Wage Loss

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		

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

- I must have a release from the physician of record (POR) to return to work with restrictions at the initial authorization for LMWL. To continue to receive LMWL, I must also submit restrictions from the POR every six months or when current restrictions expire (whichever comes first). I must submit this information to the BWC disability management coordinator on my customer service team.
- I must submit at least, on a monthly basis, a copy of all my pay stubs or a payroll report from all my employers or a notarize *Wage Statement* (C94-A) signed by me to the BWC disability management coordinator. I understand if my current employer(s) complete(s) the C94-A, I do not need to have it notarized.
- If I have a job that relies on commission sales, seasonal work or self-employment, I must submit pay stubs and notarized C94-A and a copy of my federal estimated tax for individuals. I must submit this documentation on a quarterly basis (every 13 weeks) to the BWC disability management coordinator.
- I must request a renewal by contacting the BWC 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 BWC 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 my employer of record was a state fund employer, then I must submit all LMWL documentation to my BWC disability management coordinator as outlined above.
- If my employer of record was a self insured company, I must submit all LMWL documentation to that employer.

Warning: I realize I must report to BWC all income I receive for all labor or work I perform while receiving LMWL. 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, 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 understood the statements above and agree with these conditions:	
Injured worker signature	Date

BWC Disability management coordinator verifies the following:		
Accident employer	Risk/policy number	Manual number
Pre-injury full weekly wage $	Pre-injury average weekly wage $	Check box if injured worker has a substantial variation in income ☐
Originally was authorized for LMWL on	Expiration date of this LMWL Authorization	Return to work on
BWC Disability management coordinator		Date

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