



Instructions

Check only one Initial Six month Job change

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 to return to work with restrictions at the initial authorization for LMWL. To continue to receive LMWL, I must also submit restrictions from the physician of record 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 *Report of Earnings for Living Maintenance Wage Loss Compensation (RH-94A)* signed by me to the BWC disability management coordinator.
- If I have a job that relies on commission sales, seasonal work or self-employment, I must submit pay stubs and notarized RH-94A 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, to maintain eligibility for 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 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	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 <input type="checkbox"/>
Originally was authorized for LMWL on / /	Expiration date of this LMWL Authorization / /	Return to work on / /
BWC disability management coordinator signature		Date / /