

DWC FORM - 4
(Employer's Contest of Compensability)

An **employer** desiring to contest the compensability of a claim that the insurance carrier has accepted may file an **Employer's Contest of Compensability** with the Texas Department of Insurance, Division of Workers' Compensation (DWC).

The employer may contest compensability of a claim after presenting the grounds for non-compensability to the carrier and giving the carrier the opportunity to contest compensability. The employer may file the FORM-4 no later than 50 days after the date the insurer received written notice of the injury.

This will be printed as a single page form. The form is considered filed when personally delivered or postmarked. Send to the **DWC field office handling the claim**.

[Art. 8308, Sec. 5.10. Employer Bill of Rights, Texas Workers' Compensation Act]

