

## Termination of Benefits (DWC-21)

The Termination of Benefits is a legal document required when weekly indemnity benefits paid without liability under a Non-prejudicial Agreement are stopped. RIGL § 28-35-8 requires the insurer to send a Termination of Benefits form to the employee, his or her attorney, and The Department of Labor and Training (DLT) within 10 days of the date benefits end.

The insurer must also submit a Subsequent Report of Injury (DWC-52 or electronic) with payment details to DLT when benefits end.

### Instructions:

Claim Administrator Claim number: provide the claim handler's claim number or file identification number.

Employee information:

- SSN or ID: provide the last 4 digits of the employee's social security number or the employee ID number assigned by DLT. DO NOT use a fictitious number.
- Date of birth: please enter the employee's date of birth.
- Name: provide the employee's last name, first name, and middle initial.
- Date of injury: enter the date of the injury or start of illness.
- Date of death: if the employee has died, enter the date of death.

Employer information: Please provide the employer's Federal Employer Identification Number, employer business name, employer business address and phone number.

Insurer information: Provide information for the licensed insurer named on the workers' compensation policy or the self-insured employer's name. Include the Federal Employer Identification Number, insurer business name, insurer business address and phone number

Claim Administrator information: Supply information for the company handling the claim, either the insurer or a third party administrator. Provide the claim administrator business name, address, and phone number.

Incapacity Information: Provide information for this period of disability.

- Date disability began: include the first date of this disability period including any waiting period.
- Date disability ended: provide the last date for which the employee was paid benefits.

Signature Block. The claim adjuster must sign this document, print his or her name, and date the form.

Send the document to the employee, the employee's attorney, and the DLT within 10 days of the end of payments.