



TEXAS MILITARY DEPARTMENT  
POST OFFICE BOX 5218  
AUSTIN, TX 78763-5218  
(512) 782-5001

NGTX-RMH

25 November 2014

MEMORANDUM FOR ALL NEW EMPLOYEES

**SUBJECT: Workers Compensation Coverage  
Employee Common Law Right of Action**

Pursuant to Rule 28TAC, Part 2, Chapter 110, Subchapter B Ref Rule 110.101(5)

“You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you decline coverage and elect to retain your common law right of action, you cannot obtain workers compensation income or medical benefits if you are injured.”

Check the box next to your election, sign and date. If you decline coverage a witness must also sign and date.

☐ I **elect to be covered** under the Texas Military Department Workers’ Compensation Program.

_____	_____	_____
Name (Last, First)	Signature	Date

☐ I **decline coverage** under the Texas Military Department Workers’ Compensation Program and understand that I will not be eligible for income or medical benefits due to a work related injury or occupational illness.

_____	_____	_____
Name (Last, First)	Signature	Date

Witness:

_____	_____	_____
Name (Last, First)	Signature	Date