

Date: [Insert Date]

To: [Employee Name]

Address: [Employee Address]

City, State, Zip: [City, State, Zip]

Subject: Final Settlement Offer for Workers' Compensation Claim #[Claim Number]

Dear [Employee Name],

This letter serves as a formal notification regarding the final settlement offer for your workers' compensation claim arising from the injury sustained on [Date of Injury].

Based on the medical evaluations and the extent of your disability rating, [Insurance Company Name/Employer Name] proposes a full and final settlement in the amount of **#[Total Settlement Amount]**.

Breakdown of Settlement:

- Permanent Partial Disability: \$[Amount]
- Future Medical Expenses (if applicable): \$[Amount]
- Unpaid Temporary Disability: \$[Amount]
- Vocational Rehabilitation (if applicable): \$[Amount]

Terms of Agreement:

By accepting this settlement, you agree to release [Employer Name] and [Insurance Company Name] from any further liability related to this specific claim. This includes all future medical treatments, lost wages, and disability benefits associated with this injury. This agreement is subject to approval by the [State Name] Workers' Compensation Board.

Please review the attached "Compromise and Release" documents. If you agree to these terms, please sign and return the documents by [Due Date]. We recommend that you consult with legal counsel before signing this agreement.

If you have any questions regarding this offer, please contact your claims adjuster, [Adjuster Name], at [Phone Number].

Sincerely,

[Signature]

[Name of Sender]

[Title/Company Name]