

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notification of Workers' Compensation Claim Processing

Dear [Employee Name],

This letter is to acknowledge that we have received notice of your work-related injury/illness which occurred on [Date of Incident]. We have initiated the processing of your Workers' Compensation claim with our insurance carrier.

Claim Information:

- **Claim Number:** [Insert Claim Number]
- **Insurance Carrier:** [Insert Insurance Company Name]
- **Adjuster Name:** [Insert Adjuster Name]
- **Adjuster Contact:** [Insert Phone/Email]

Our insurance carrier will conduct an investigation to determine eligibility for benefits. They will contact you shortly to gather additional details regarding the incident. Please ensure you provide them with any requested documentation, including medical reports or work status notes from your healthcare provider.

It is important that you keep us informed of your recovery progress and any changes to your work restrictions. All medical notes regarding your ability to return to work must be submitted to the [HR Department/Manager] immediately following your appointments.

If you have any questions regarding the filing process, please contact [Contact Name] at [Phone Number]. For specific questions regarding medical coverage or benefit payments, please contact the insurance adjuster listed above.

Sincerely,

[Your Name]

[Your Title]

[Company Name]