[Your Name/Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

RE: INITIAL SETTLEMENT OFFER AND RELEASE OF CLAIMS
Claim Number: [Claim Number]
Date of Injury: [Date of Injury]

Dear [Employee Name],

Following the recent evaluation of your workers' compensation claim regarding the injury sustained on [Date of Injury], [Company Name/Insurance Carrier] is extending an initial offer to resolve and finalize your claim through a full and final settlement.

Proposed Settlement Amount: $[Dollar Amount]

This proposed amount is intended to represent a Full and Final Release of all claims related to the aforementioned injury. By accepting this settlement, you agree to the following terms:

- **Full Discharge:** This payment constitutes a complete discharge of any and all further liability for medical expenses, disability benefits (temporary or permanent), and vocational rehabilitation related to this claim.
- **Closure of Medicals:** Future medical treatment for this specific injury will no longer be covered by [Company Name/Insurance Carrier] once the settlement is finalized.
- **Release of Claims:** You agree to waive and release [Company/Employer] and its insurers from any further legal action or demands regarding this specific workers' compensation matter.

Please note that this offer is subject to the review and approval of the [State] Workers' Compensation Board/Commission. This is an initial offer and is not an admission of liability.

We encourage you to review this offer carefully. You have the right to consult with legal counsel before signing any final agreements. If you wish to accept this offer or provide a counter-proposal, please contact [Adjuster/Representative Name] at [Phone Number] or [Email] by [Expiration Date].

Sincerely,

[Signature]
[Printed Name]
[Title]