

[Date]

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

**RE: Notice of Workers' Compensation Benefit Overpayment**

Claim Number: [Claim Number]  
Date of Injury: [Date of Injury]

Dear [Recipient Name],

We are writing to notify you that an overpayment has occurred regarding your Workers' Compensation benefits for the period of [Start Date] to [End Date].

The overpayment was caused by the following reason(s):  
[Insert reason, e.g., clerical error, adjustment in average weekly wage, or overlapping return-to-work dates].

**Overpayment Details:**

- Total Amount Paid: \$[Amount]
- Correct Amount Due: \$[Amount]
- **Total Refund Requested: \$[Total Overpayment Amount]**

We kindly request that you refund the total amount of \$[Total Overpayment Amount] within [Number of Days] days of the date of this letter. Please make your check or money order payable to [Company/Entity Name] and include your claim number on the memo line.

Payments should be mailed to:

[Company Name]  
Attn: [Department Name]  
[Mailing Address]  
[City, State, Zip Code]

If you are unable to pay the full amount at this time, please contact us immediately at [Phone Number] to discuss a potential repayment plan or to appeal this determination.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]  
[Your Title]  
[Company Name]