

[Company Name]
[Street Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Title]
[Department]
[Company Name]

Subject: Notification of Successful Experience Modifier (E-Mod) Reduction

Dear [Recipient Name],

We are pleased to inform you that following a comprehensive review of our safety protocols and claims management procedures, our Workers' Compensation Experience Modification Rate (E-Mod) has been officially reduced from [Old Rate] to [New Rate], effective [Effective Date].

This reduction is a direct result of our collective efforts to maintain a safe working environment and decrease the frequency and severity of workplace injuries. A lower E-Mod rating signifies that our safety performance is now better than the industry average, which will lead to significant savings on our annual insurance premiums.

Key factors contributing to this success include:

- Improved safety training programs
- Enhanced incident investigation procedures
- Active return-to-work initiatives
- Consistent adherence to safety compliance standards

We want to thank the entire team for their commitment to workplace safety. While this reduction is a major achievement, we must remain diligent in our safety practices to ensure our rates continue to decline in the future.

Please contact the [Safety/HR Department] if you have any questions regarding this change or our ongoing safety objectives.

Sincerely,

[Your Name]
[Your Title]