

[Attorney Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

[Employer Name]
[Human Resources Department/Registered Agent]
[Address Line 1]
[Address Line 2]

RE: Notice of Representation and Occupational Disease Claim

Employee Name: [Employee Full Name]
Employee SSN/ID: [Last 4 Digits or ID Number]
Date of Diagnosis/Disability: [Date]
Nature of Condition: [Name of Disease/Condition]

To Whom It May Concern:

Please be advised that this office represents [Employee Name] regarding a claim for Workers' Compensation benefits resulting from an occupational disease contracted during the course and scope of employment with [Employer Name].

Based on medical evaluation, it has been determined that our client suffers from [Name of Disease], which arose out of and in the course of their employment due to repetitive exposure to [describe harmful conditions, e.g., chemicals, dust, repetitive motion, or noise].

This letter serves as formal notice of the claim. We request that you immediately forward this letter to your Workers' Compensation insurance carrier. Please instruct the carrier to direct all future correspondence, medical requests, and legal inquiries regarding this matter to our office.

Furthermore, we request a complete copy of the following records within [Number] days:

- The employee's complete personnel file.
- All medical records and reports in your possession regarding the employee.
- Relevant Safety Data Sheets (SDS) or environmental monitoring reports related to the employee's work area.
- A copy of the First Report of Injury or Illness filed with the state board.

Please acknowledge receipt of this letter in writing.

Sincerely,

[Attorney Signature]
[Attorney Printed Name]

CC: [Client Name]
[Workers' Compensation Board/Commission, if applicable]