

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of Workers' Compensation Claim and Employer Information

Dear [Employee Name],

We have received notice regarding the work-related injury/illness you reported on [Date of Incident]. Your health and well-being are our priority, and we are committed to assisting you through the Workers' Compensation process.

Claim Information:

This incident has been reported to our insurance carrier. Your claim details are as follows:

- **Insurance Carrier:** [Carrier Name]
- **Claim Number:** [Claim Number, if available]
- **Claims Adjuster Contact:** [Name and Phone Number]

Medical Treatment:

If you require medical attention, please ensure you visit an authorized medical provider.

[Optional: Attached is a list of approved medical facilities]. Please inform the provider that this is a Workers' Compensation case.

Employee Responsibilities:

To ensure timely processing of your claim, please provide the following:

- Work status notes from your physician after every appointment.
- Completed "Employee Claim Form" (if not already submitted).
- Immediate notification if your doctor releases you to return to work, with or without restrictions.

Return to Work:

[Company Name] offers a modified duty program to accommodate physical restrictions provided by your doctor. We will work with you to find suitable tasks during your recovery.

If you have any questions regarding your benefits or the next steps, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]

[Company Name]