

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Title]
[Insurance Company/Law Firm Name]
[Address]
[City, State, Zip Code]

Re: Claim for Calculation of Lost Wages and Future Damages

Claimant: [Your Name]

Claim Number: [Claim Number]

Date of Incident: [Date of Incident]

Dear [Recipient Name],

This letter provides a detailed calculation of the economic losses I have sustained and will continue to sustain as a result of the injuries suffered on [Date of Incident].

1. Past Lost Wages

Due to my injuries, I was unable to work from [Start Date] to [End Date].

- Total Hours/Weeks Missed: [Number]
- Hourly Rate/Salary: \$[Amount]
- **Total Past Lost Wages: \$[Amount]**

2. Loss of Earned Benefits

In addition to base pay, I have lost the following employment benefits during my period of disability:

- Retirement/401(k) Contributions: \$[Amount]
- Accrued Vacation/Sick Time: \$[Amount]
- Bonuses/Commissions: \$[Amount]
- **Total Lost Benefits: \$[Amount]**

3. Future Loss of Earnings (Loss of Earning Capacity)

Based on medical assessments, my injuries have resulted in a permanent or long-term disability that prevents me from returning to my previous position or maintaining my prior level of income.

- Estimated Remaining Work Years: [Number]
- Expected Annual Income (Pre-Injury): \$[Amount]
- Expected Annual Income (Post-Injury): \$[Amount]
- Annual Earning Deficit: \$[Amount]
- **Total Future Damages (Present Value): \$[Amount]**

Summary of Total Economic Damages

Past Lost Wages: \$[Amount]

Lost Benefits: \$[Amount]

Future Earning Capacity: \$[Amount]

Grand Total: \$[Total Amount]

Enclosed please find supporting documentation, including previous pay stubs, W-2 forms, medical evaluations regarding work restrictions, and a statement from my employer.

I look forward to your response regarding this calculation within [Number] days.

Sincerely,

[Your Signature]

[Your Printed Name]