

[Date]

[Employee Name]

[Address]

[City, State, Zip Code]

Re: Welcome and Overview of Workers' Compensation Benefits

Dear [Employee Name],

We are sorry to hear about your recent work-related injury/illness. This letter provides an overview of the Workers' Compensation benefits available to you and the next steps in the process.

Claim Information:

- **Claim Number:** [Insert Claim Number]
- **Date of Incident:** [Insert Date]
- **Insurance Carrier:** [Insert Carrier Name]
- **Claims Representative:** [Insert Name and Phone Number]

Your Benefits Include:

- **Medical Care:** All reasonable and necessary medical treatment related to your injury is covered at no cost to you, provided you see authorized providers.
- **Wage Replacement:** If your doctor determines you cannot work, you may be eligible for temporary disability benefits to replace a portion of your lost wages.
- **Mileage Reimbursement:** You may be entitled to reimbursement for travel to and from your medical appointments.

Your Responsibilities:

- Attend all scheduled medical appointments and follow the treatment plan.
- Provide medical work status notes to Human Resources after every doctor visit.
- Keep your supervisor informed of your recovery progress.

Our goal is to support your recovery and assist with your return to work as soon as it is medically safe. If you have any questions regarding your benefits, please contact the Claims Representative listed above or the Human Resources department at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Company Name]