

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Welcome - Your Workers' Compensation Account is Active

Dear [Policyholder Name],

Welcome to [Company Name]. We are pleased to inform you that your Workers' Compensation account has been successfully activated. Your coverage is now in effect under the policy number listed below.

Account Information:

- **Policy Number:** [Policy Number]
- **Effective Date:** [Date]
- **Online Portal Username:** [Username/Email]

Next Steps:

1. **Access Your Online Account:** Visit [Website URL] to set your password and manage your policy.
2. **Print Your Posting Notice:** Log in to download the required workplace posters that must be displayed for your employees.
3. **Report Injuries Promptly:** In the event of a workplace injury, please report the claim immediately via our online portal or by calling [Phone Number].

We are committed to helping you maintain a safe workplace. If you have any questions regarding your coverage or need assistance navigating your online account, please contact our support team at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]