

[Company Logo/Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Welcome to the Workers' Compensation Program

Dear [Employee Name],

We are committed to providing a safe working environment for all employees. However, we understand that workplace injuries can occur. This letter serves as your introduction to our Workers' Compensation Program and outlines the steps to take if you are injured on the job.

Reporting an Injury

If you sustain a work-related injury or illness, you must report it to your supervisor immediately, regardless of how minor it may seem. Failure to report an injury promptly may result in a delay or denial of benefits.

Seeking Medical Treatment

In the event of a life-threatening emergency, call 911 or go to the nearest emergency room. For non-emergency injuries, please visit our authorized medical provider:

- **Clinic Name:** [Clinic Name]
- **Address:** [Clinic Address]
- **Phone:** [Clinic Phone Number]

Your Benefits

Our Workers' Compensation insurance covers authorized medical expenses related to your injury and a portion of your lost wages if you are unable to work for a specified period, as determined by state law.

Return to Work Policy

We offer a Transitional Duty Program to help you return to work in a modified capacity while you recover. We will work closely with your physician to identify tasks that fit your physical restrictions.

Contact Information

If you have questions regarding a claim or our safety procedures, please contact the Workers' Compensation Coordinator:

- **Contact Name:** [Name/Department]
- **Phone:** [Phone Number]
- **Email:** [Email Address]

Please sign and return the attached acknowledgment form to Human Resources.

Sincerely,

[Name]

[Title]

[Company Name]