

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Return address:
Name
Address Line 1
Address Line 2
City, State Zip Code

Date

Worker's Compensation Commission
Address Line
City, State Zip Code

RE: MWCC No: _____
Claimant: _____
Employer: _____
Carrier: _____
DOA: _____

Dear _____ :

This is to notify you that I have been employed by the above named claimant concerning injuries received on the above date.

I have enclosed a copy of my employment contract for filing and approval. I request that a copy of anything that may be in the claim file be sent to me as soon as possible. I have enclosed copies of all medical reports in my possession.

Thank you for your cooperation in this matter. If you have any questions please give me a call at the above number.

Very truly yours,

Enclosure
cc: