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| Date of Letter | **Start, Stop or Deny Compensation Benefits** |

Claimant Name

Claimant Address Line 1

Claimant Address Line 2

Claimant Address Line 3

RE: Claim Enter Claim Number

Dear Enter Claimant Name,

Free Text Section

Examples:

* Time-loss compensation benefits started effective (date).
* Time-loss compensation benefits stopped effective (date), because you have been determined to be able to work based on transferable skills.
* Time-loss compensation benefits are denied effective (date), because you were kept on salary (KOS).
* Loss of Earning Power (LEP) started effective (date) because you returned to work on light duty.
* Loss of Earning Power is denied because you did not have a loss of earning power for the period of (date) through (date) exceeding five percent of wages at the time of injury.

General Information:

If you have been released to work or have returned to any type of work, you may not be entitled to this payment. If you have applied for, or are receiving Social Security Benefits, please notify me immediately. My goal is to help you heal and return to work and I welcome you to contact me to talk about how I may assist.

Injured workers become eligible for time-loss compensation benefits when they are unable to work for more than three days after the injury. These first three days are considered a waiting period. Workers don’t get paid for the first three days unless they are still disabled seven days after the injury. This applies to all claims with dates of injury/manifestation after June 6, 2024.

If you have questions about the action being taken, or have additional information you’d like to provide, please contact me at the phone number listed below.

Sincerely,

|  |  |  |
| --- | --- | --- |
|  Name |  | Enter Phone Number |
| Name |  | Phone Number |

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| **If you dispute the action being taken, you may write the Department of Labor & Industries within 60 days at:****Department of Labor & Industries****PO Box 44892****Olympia WA 98504-4892****Fax: (360) 902-6900****https://secure.lni.wa.gov/reportselfinsuredemployer/#** |