|  |  |
| --- | --- |
| Date of Letter | **Provisional Compensation Benefits** |

Enter Claimant Name

Claimant Address Line 1

Claimant Address Line 2

Claimant Address Line 3

RE: Claim Enter Claim Number

Dear Enter Claimant Name,

Provisional Choose an item benefits started effective Click or tap to enter a date.

Provisional compensation benefits are being paid to comply with the state industrial insurance laws, but this payment does not indicate the claim has been allowed or that you are eligible to receive the benefits. If your claim is ultimately rejected or you are deemed to not be entitled to the benefits, we have the authority to recover any compensation paid to you.

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.

No compensation benefits are paid for the date of injury, or the next three days, unless you have been disabled on the fourteenth calendar day from the date of injury. Attempts to return to work within fourteen days from the date of injury will not affect this entitlement.

Free text box. Delete if not needed.

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 |

|  |
| --- |
| **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**  **Or go to: https://secure.Lni.wa.gov/ReportSelfInsuredEmployer/#** |

cc: Dept. of Labor & Industries