

Claimant Name
Address Line 1
Address Line 2
Address Line 3

← Added

RE: Claim Claim Number

↔ Switched

Dear Enter Claimant Name,

Information received reveals an overpayment in compensation benefits for the date(s) of Click or tap to enter a date through Click or tap to enter a date. The amount of the overpayment is \$Enter amount of overpayment. Self-Insurers can assess overpayments in accordance with RCW 51.32.240. Overpayments can be deducted from future time-loss compensation or permanent partial disability benefits.

← New

Mandatory free text box for explanation

Choose an item.

(Removed sentence)

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. At that time, we can also make arrangements to repay the overpayment amount.

Sincerely,

Name
Name

Enter Phone Number
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

← New

Or go to: <http://secure.Lni.wa.gov/ReportSelfInsuredEmployer/#>

← Updated