

Date Letter Sent

# Notice of Underpayment



Updated title

Enter Claimant Name  
Claimant Address Line 1  
Claimant Address Line 2  
Claimant Address Line 3

← Added

RE: Claim Enter Claim Number

↻ Switched

Dear Enter Claimant Name,

Information received reveals an underpayment in compensation benefits for the date(s) of Click or tap to enter a date. through Click or tap to enter a date..

Mandatory free text box for explanation.

The amount of the underpayment is \$Click or tap here to enter text.. Choose an item.

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.

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