

Date of Letter

Start, Stop or Deny Compensation Benefits

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,

New title and letter

Free Text Box

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 of 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.

No compensation benefits are paid for the date of injury and 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.

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: <https://secure.lni.wa.gov/reportselfinsuredemployer/#>

Updated