

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the LWC benefits that I believe I am entitled to based on [briefly state the reason, e.g., my recent injury, employment status, etc.].

As a [your position or status within the company/organization], I have [briefly outline your situation or any relevant details]. According to the guidelines set forth, I believe that my circumstances qualify me for the following benefits: [list specific benefits you are requesting].

I have attached [mention any relevant documents, such as medical records, employment history, etc.] to support my request.

I would appreciate your prompt attention to this matter and look forward to your favorable response. Please feel free to contact me at [your phone number] or [your email address] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]