

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Workers Compensation Application - [Claim Number or Employee ID]

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally submit my application for workers compensation benefits following my work-related injury that occurred on [Date of Injury]. Below are the pertinent details regarding my claim:

1. ****Employee Information****:

- Name: [Your Name]
- Job Title: [Your Job Title]
- Department: [Your Department]
- Date of Hire: [Date of Hire]

2. ****Incident Details****:

- Date of Incident: [Date of Injury]
- Time of Incident: [Time of Injury]
- Location of Incident: [Where the incident occurred]
- Description of Incident: [Brief description of how the injury occurred]

3. ****Injury Information****:

- Nature of Injury: [Describe your injury]
- Medical Treatment Received: [List any medical treatment received, including doctors' visits, hospital stays, etc.]
- Current Status: [Your current condition and ability to work]

4. ****Supporting Documentation****:

- [List any attached documents, such as medical records, incident reports, etc.]

I appreciate your attention to this matter and kindly request that you process my application at your earliest convenience. If you require any further information or additional documentation, please do not hesitate to contact me.

Thank you for your time and assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Job Title]

[Your Department] (if applicable)

Enclosures: [List any enclosed documents]