[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[ADDRESS]

Dear [EMPLOYEE NAME]:

We are glad that you have recovered from the injury that occurred at work. A Supplemental Agreement for Compensation (LIBC-337) form is enclosed for your review and signature. This form is required to document the date that you returned to work and to close your workers’ compensation claim. It is a legal document that is required by the regulations of the Workers’ Compensation Law.

Please return the signed form to me by [date]; you may keep a copy for your records. Because it is a requirement that the form be signed, if you do not sign and return the form, a petition will be filed. Once the petition is filed, you may need to obtain an attorney to appear before a judge to formally close your workers’ compensation claim, which will result in an unnecessary expense for you.

If you have any questions before you sign this form or you would like more information about your rights under the Workers’ Compensation Law, please contact me at [PHONE NUMBER] or [EMAIL ADDRESS], or you may contact your adjuster at Inservco, [name, email and phone]. Thank you.

Sincerely,

[AGENCY WC COORDINATOR]

Enclosure