**Notice – Recurrence (Version 3.1.17)**

This letter is sent to employees who are absent for any time beyond the date of injury pending a decision from the third party claims administrator. Depending on the length of time since the original date of injury, it may be necessary to include language and additional enclosures as shown for the Notice - Pending Worker’s Compensation Decision/Windfall Letter.

Dear [EMPLOYEE]:

The recurrence of your work-related injury of [DATE] has been reported to the commonwealth’s workers’ compensation claims administrator, Inservco Insurance Services, Inc. Your claim will be reviewed to determine if it is compensable under the *Workers’ Compensation Act*; Inservco may contact you for information as part of that review.

Until a decision is reached, any absences from work will be charged to available paid leave, unpaid sick leave under the *Family and Medical Leave Act of 1993* (FMLA) or leave without pay (LWOP) with benefits, at your request and upon receipt of required medical documentation. If your claim is accepted, the leave used will be changed, at your option, to paid injury leave or injury leave without pay. If your claim is denied, instructions for appealing the decision will accompany the *Notice of Workers’ Compensation Denial* issued by Inservco, and your absence will be reviewed for approval under the FMLA or LWOP with benefits.

If the injury is accepted, it is important that you do not treat your first workers’ compensation indemnity check as a windfall or extra income if you continued to receive full pay while absent from work. If you are overpaid, your payroll office will recover any overpayment through either adjustment to future paychecks and/or establishment of a salary claim. Additional information regarding overpayment recovery is included on the enclosed *Notice to Employees Work-Related Injury Information*.

Most injuries are covered by the *Family and Medical Leave Act* (FMLA); therefore, accepted injuries are also designated as leave under the FMLA. Please refer to the FMLA section of the Notice to Employees Work-Related Injury Information for more information about the FMLA.

I sincerely regret that you have been injured and hope you will be able to return to work soon. Within 21 days you will be notified of the acceptance or denial of your claim. If you have any questions, please contact me at [ADDRESS AND/OR TELEPHONE].

Sincerely,

WC Coordinator

Enclosure:

Notice to Employees Work-Related Injury Information, Version – Nine Months 3.1.17

cc: Supervisor

Note: This work-related injury does not indicate and should not be interpreted to indicate that you are regarded by the commonwealth as having a disability as defined by the ADA.