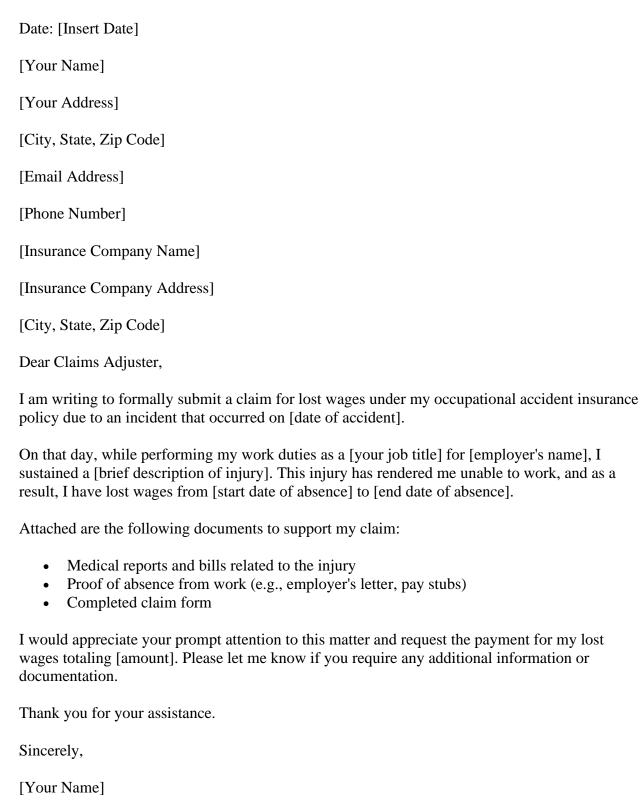
Letter of Claim for Lost Wages



[Your Policy Number]