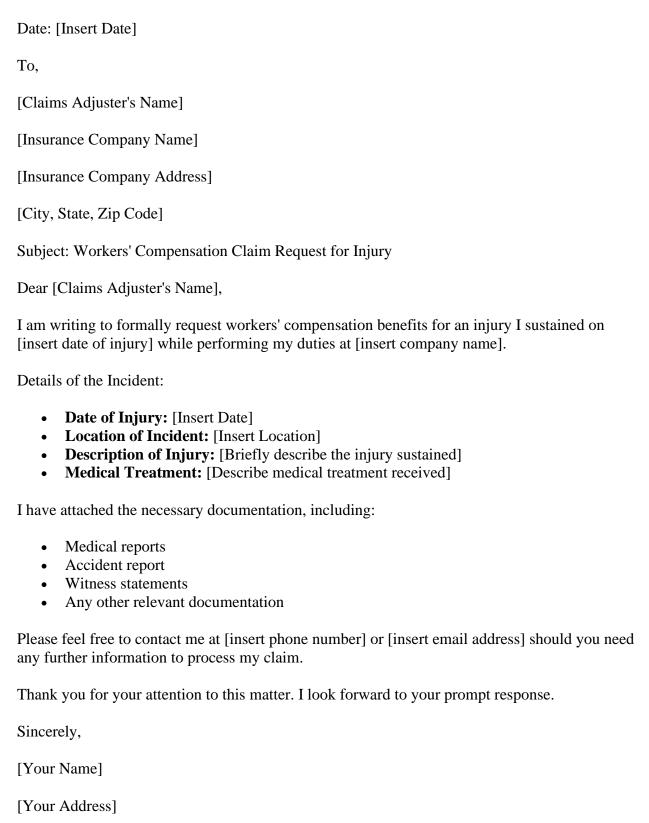
Workers' Compensation Claim Request



[City, State, Zip Code]

[Your Job Title]

[Your Employee ID]