

Workers' Compensation Claim Submission

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Submission of Workers' Compensation Claim for Occupational Disease

Dear [Claims Adjuster's Name],

I am writing to formally submit my workers' compensation claim for an occupational disease that I have contracted during my employment at [Company Name].

Details of the Claim:

- **Employee Name:** [Your Name]
- **Employee ID:** [Employee ID]
- **Date of Hire:** [Start Date]
- **Job Title:** [Your Job Title]
- **Date of Diagnosis:** [Diagnosis Date]
- **Nature of the Disease:** [Disease Description]
- **Doctor's Name:** [Doctor's Name]
- **Treatment Details:** [Treatment Description]

I have attached all necessary documentation, including medical reports, treatment records, and any relevant forms required for the processing of my claim.

Please confirm the receipt of this claim and let me know if you require any additional information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]