

Inquiry Regarding Workers' Compensation Insurance Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to inquire about the status of my workers' compensation benefits related to my claim (Claim Number: [Insert Claim Number]). I was injured on [Date of Injury] while [Brief Description of the Incident].

As of today, I have not received any updates regarding the processing of my claim or the benefits I am entitled to. I would appreciate any information you can provide on the current status of my claim and when I can expect to receive my benefits.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]