som\_currentexporteddat

fullname

address1\_line1

address1\_line2

address1\_city, address1\_stateorprovince address1\_postalcode

Re: Employee ID#:  employeeid  **Workers’ Compensation**

**Permanent, Lifetime or Long-term restrictions**

Sent Via: Certified and US Mail

Dear fullname:

Employees enrolled in Long-Term Disability (LTD) insurance are encouraged to contact Sedgwick at 800-324-9901 to determine if eligible for a supplemental LTD benefit or health insurance premium coverage.

If you have any questions regarding your workers’ compensation claim, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

name

Disability Management Office

cc: som\_supervisor, Supervisor

som\_agencyname, Dept. HR

som\_rac, ADA