

Date:

WCB of XXXXX
XXXXX
XXXXX

Dear XXXX:

*Re: Your Claim #:
WSIB Claim #:
Worker's Name:
Invoice #:*

This is further to your XXXXX letter confirming that the above noted WSIB claim may be eligible for cost reimbursement under the terms of the Interjurisdictional Agreement on Workers' Compensation. I am requesting cost reimbursement from your Board for the following:

Loss of Earnings (LOE) Benefits: \$

Full / Partial LOE benefits paid XXXX up to but not including XXXXX
(compensation rate based on gross weekly earnings of \$XXXX)

- See "Exhibit 1"

Health Care / Labour Market Reentry Benefits: \$

- See "Exhibit 2"

TOTAL: \$

Also attached are the claim file updates ("Exhibit 3").

Please address your reply to the undersigned in order to ensure that mail pertaining to this issue does not get sent directly to the claim file.

Yours truly,

Encl.