



WCB of XXXX
XXXXX
XXXXX

Dear:

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

Since the issuance of invoice XXXX dated XXXXX, additional benefits have been paid under the WSIB claim. As such, and under the terms of the Interjurisdictional Agreement on Workers' Compensation, I am requesting further reimbursement as follows:

Loss of Earnings (LOE) Benefits: \$

Full / Partial LOE benefits paid XXXX up to but not including 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.