Processer name Phone: 800-XXX-XXXX Address Fax: 503-XXX-XXXX

City, State, Zip

Oct. 1, 2022

Worker name Address City, State, Zip

Updated Notice of Acceptance at Closure

RE: Worker name
Employer: Sample employer
File No.: XXXXXX-0001
Date of injury: Sept. 23, 2021

Dear Worker:

Your workers' compensation claim qualifies for closure. This letter is to notify you of the accepted condition(s) which were evaluated during this process.

Accepted condition(s): sample condition

NOTICE TO WORKER: This notice restates and includes all prior acceptances. The conditions that were the basis of this claim opening are the only conditions considered at the time of claim closure. The insurer or self-insured employer is not required to pay any disability compensation for any condition specifically identified as under appeal, unless and until the condition is found to be compensable after all litigation is complete. Appeal of any denied conditions or objections to this notice will not delay claim closure. Any condition found compensable after the Notice of Closure is issued will require the insurer to reopen the claim for processing of that condition. If you believe a condition has been incorrectly omitted from this notice, or this notice is otherwise deficient, you must communicate the specific objection to the insurer in writing.

This letter serves as an addendum to the notice(s) of acceptance previously mailed to you. This is an important document. Please attach it to the original notice(s) of acceptance. Sample processer manages claims on behalf of sample employer.

Sincerely, Adjuster name Claims examiner 503-XXX-XXXX

cc: Workers' Compensation Division Sample employer Sample doctor, MD Sample attorney