**ASSESSMENT OF OVERPAYMENT/UNDERPAYMENT**

Dear \_\_\_\_\_\_\_\_\_\_\_\_,

**Your benefits.**

You were (Drop down menu ***overpaid/underpaid***) benefits. The amount of the (Drop down: ***overpayment/underpayment***) is $ <enter value>.

{Drop down: ***overpaid, underpaid***}

**You were overpaid because {**Drop down**: *release to work, wage calculation change*}:**

**You were released to return to work:**

* I have determined that you were overpaid for the date(s) xx/xx/xxxx through xx/xx/xxxx. Your attending provider released you to full duty as of xx/xx/xxxx, therefore you are not entitled to time-loss.

**Your wage calculation changed:**

* I have determined that you were overpaid for the date(s) xx/xx/xxxx through xx/xx/xxxx. Your wages for time-loss compensation have been calculated based on additional information from your employer and are lower than originally reported.

Please make arrangements with us to repay the overpaid amount.

**You were underpaid because** {Drop down: ***rate change, days unpaid***}

**Your time-loss compensation rate changed:**

* I have determined that you were underpaid for the date(s) xx/xx/xxxx through xx/xx/xxxx.

**You had unpaid days of time-loss compensation:**

* I have determined that you were underpaid for the date(s) xx/xx/xxxx through xx/xx/xxxx.

The underpaid amount will be sent to you by separate mailing.

**Contact me if questions.**

If you have questions about the action being taken, or have additional information you’d like to provide related to this action, please contact me at the phone number below. I’d be glad to discuss further so that we have a shared understanding about the action being taken under your claim and the reasons for the action.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claim Adjudicator Date Phone