

Dear \_\_\_\_\_  
(Injured Worker's Name)

By this letter, \_\_\_\_\_ is hereby proposing to continue to compensate  
(Company Name)  
you at the rate of \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per week, during your disability due to your  
industrial injury of \_\_\_\_\_.  
(Date of Injury)

If you agree, your current claim will be evaluated on a regular basis. At each claim review,  
\_\_\_\_\_ will make a determination as to whether the wage continuation agreement  
(Company Name)  
will remain in force. If a decision is made not to continue your wages, you may be eligible for  
alternative compensation from the Bureau of Workers' Compensation. Please note, whether or not  
you agree to wage continuation, your medical claim costs will be handled in the same way as they  
have been in the past.

If you have questions, Please telephone me at \_\_\_\_\_  
(Company Phone #)

\_\_\_\_\_  
(Authorized Representative for Employer)

By signing below, I hereby agree to all of the above referenced terms and conditions relative to the  
wage continuation agreement between \_\_\_\_\_ and myself.  
(Company Name)

\_\_\_\_\_  
(Injured Worker's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name