DATE

LAST, FIRST

CLAIMANT ADDRESS

CITY, STATE ZIP

Claim Number: **CLAIM #**

Date of Injury/Illness: **MONTH/DAY/YEAR**

 Re: Request for Income and Tax Information

Dear CLAIMANT,

Pursuant to D.C. Official Code §1-623.06(b), enclosed you will find an “Employee Report of Earnings” form and a 2 page “Authorization to Release District of Columbia and Federal Tax Information” form that you need to fill out and return to the D.C. Public Sector Workers’ Compensation Program.

Please return **ALL** forms (including both pages of the “Authorization to Release District of Columbia and Federal Tax Information”) to ADJUSTER, your claims examiner, within thirty (30) days of your receipt. You may mail, fax or email your reports to:

**CorVel Corporation**

**ADJUSTER@corvel.com**

**441 4th Street, NW, Suite 800S, Washington, DC 20001**

**Fax: 1-866-910-3319**

Failure or refusal to complete, sign or return these reports within thirty (30) days after receipt of the report(s) may cause payment of benefits to stop until all 3 pages of the completed form(s) are received by the D.C. Public Sector Workers’ Compensation Program.

Please call me at **(202) 370-ADJUSTER#** if you should have any questions about these forms.

 Respectfully,

 ADJUSTER

 Claims Examiner