[Address line]

Dear [insert name of claimant]

# Compensation claim for workplace fatality

We are notifying you that we require additional information in respect of the compensation claimed in relation to the death of [insert worker’s name].

The information we require is:

[*specify information or documents and why they are relevant; if information from a third party has been requested specify timeframe and priority for receipt of that information*].

We will make a decision on the claim as soon as practicable after receiving the information or document(s) listed above.

If you have any questions about the status of your claim or the documents we have requested please contact [insert name of relevant case manager]. For general advice please contact WorkCover WA’s *Advice and Assistance Service* on 1300 794 744 or visit [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au).

Yours sincerely

First Name Surname JOB TITLE

Date

cc WorkCover WA (communications@workcover.wa.gov.au)