

Termination of Benefits

RI Department of Labor and Training, Division of Workers' Compensation
 PO Box 20190, Cranston, RI 02920-0942 www.dlt.ri.gov/wc
 Phone 401-462-8100 Fax 401-462-8105

Claim Administrator Claim Number

Employee Information			Employer Information		
SSN or ID	Date of Birth		Employer FEIN		
Last Name	First Name	Initial	Employer Business Name		
City	State	Zip	City	State	Zip
Date of Injury	Date of Death		Employer Phone		
Insurer Information			Claims Administrator Information		
Insurer FEIN			Claims Administrator FEIN		
Insurer Business Name			Claims Administrator Business Name		
City	State	Zip	City	State	Zip
Insurer Phone			Claims Administrator Phone		

Incapacity Information	
Date Disability Began	Date Disability Ended

Notice to Employees Receiving Workers' Compensation Benefits:

Weekly compensation payments have ended. The employer and insurer have not accepted liability for this claim. To protect any rights you may have to future weekly compensation payments and payment for medical expenses, a petition must be filed with the Workers' Compensation Court within two (2) years of the first date of incapacity.

Claims adjuster signature	Printed Name	Date