

TEST INSURER 2  
C/O TEST INSURER 2  
123 JENNIFER ST  
MADISON WI 53703

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US  
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.  
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE  
EMPLOYER: SAMPLE EMPLOYER  
INSURER NO:

We are making an annual follow-up for this fatal injury. Please answer the questions below and return this form or a photocopy of this form with your responses:

1. Has there been any change in the name or address for the surviving spouse and/or dependent(s)? If so, please write new name and address below.

2. How much compensation have you paid to date? \$ \_\_\_\_\_