

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

This is a request for overdue information.

The Wage Information Supplement, WKC-13A, you submitted was incomplete. Please provide the information requested below and return this form to the Worker's Compensation Division within 30 days.

Gross Earnings:

1. During the 52-week period prior to the week of injury, how many weeks did the employee work at the same type of employment during the time of injury? _____
2. What were the employee's total earnings during those weeks? (Include any bonus or premium, but exclude tips.) \$_____

Please refer to the Insurers' Pending Reports on our web site for the missing required wage report at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>.

If you have any questions about submitting the above requested information, please contact us by calling (608) 266-1340 and then ask for a wage analyst.

As a self-insured employer it is your responsibility to submit all required reports and respond to information requested by the Department in a timely manner.

Department of Workforce Development
Worker's Compensation Division

WKC-17673-E (R.11/2014) BIP45B