

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.

We received wage information that indicates the average weekly wage used for computing the TTD /PPD rate(s) may be incorrect. For verification of the correct average weekly wage, please submit the following information to the Worker's Compensation Division within 30 days:

- A week-by-week listing of gross taxable earnings for the 52-week period ending immediately prior to the week in which the injury occurred. Include earnings for overtime, bonuses, incentive or performance pay, commissions and all other taxable earnings *excluding tips*.
- If the employee received tips, send a week-by-week list of the tips reported.
- If the employee worked for this employer less than 52 weeks prior to the week of injury, list earnings from the date of hire.

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

BIP45P (R.11/2014)