

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 our second request for this information.

Our calculations of the disability amounts due and paid to date for this claim are shown below. Please pay the balance due promptly and confirm that your payment has been made by submitting an amended Supplementary Report, WKC-13, within 30 days of the date of this letter. If you disagree with our calculation of the amount due and have paid a different amount, please explain the basis for your payment on the amended WKC-13.

Failure to comply with this request within 30 days may result in an Administrative Law Judge's issuance of a default order, without further notice or hearing, for the balance due plus a delay penalty. This order, upon becoming final, may be reduced to a judgment in court.

Due to your failure to reply to prior requests for this report, this has been referred to the Bureau of Insurance Programs for further action and assistance in obtaining this required report.

To submit this report electronically, find out what other reports are overdue and avoid surcharges in the future, go to the Worker's Compensation web site's Insurers' Pending Reports at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>.

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BIP77A (R. 02/2006)