

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:

Our computation of the Social Security offset is attached. Let us know immediately, if you do not make payment as shown.

If there is no temporary disability printed on the attached sheet or if temporary disability is incomplete, please send Form WKC-13 giving the date of disability and the amounts paid. If the temporary disability is not available then the accrual of PPD may not be correct.

This worksheet is a Social Security computation. Please inform us if you disagree with our computation.

Department of Workforce Development
Division of Worker's Compensation

CVRLS (R. 11/1997)

Copy sent to:
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