

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 permanent partial disability 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 based on a medical report submitted by one of the parties.

Department of Workforce Development
Division of Worker's Compensation

CVRLT (R. 11/1997)

Copy sent to:
TRAVELERS CASUALTY & SURETY CO AM
215 SHUMAN BLVD
PO BOX 3205
NAPERVILLE IL 60566-7025

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