

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.

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 has been revised. Disregard the previous worksheet.

Department of Workforce Development  
Division of Worker's Compensation

Attach.

CVRR

CVRR (R. 08/2001)