

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:

Thank you for your request to rescind the assessment of \$100.00 surcharge.

After reviewing the incoming document(s) and file, we are unable to rescind the surcharge. Even though you recently submitted the required report, I am unable to rescind the surcharge because the report was significantly overdue.

Please do not pay now. The Department will record each surcharge you incur and invoice you annually for the total amount due.

We no longer send hard copy courtesy letters since this information is posted on the Division's web site.

To find out what reports are overdue and to avoid surcharges in the future, go to the Worker's Compensation web site's Insurers' Pending Reports at:

http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm

For questions or more information call (608) 266-1340 and ask for either the Claims Services Section Chief or the Claims Services Leadworker.

Department of Workforce Development
Division of Worker's Compensation