

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:

According to our records, you are withholding fees to which the applicant's attorney may be entitled. Please do all of the following:

- Send us the attorney's name, address and telephone number within 30 days.
- Advise the attorney to submit the following to the Worker's Compensation Division:
 - (1) A request to approve the fee.
 - (2) A written justification for the fee.
 - (3) A copy of the retainer agreement.
- Continue to withhold the funds until the Department orders them to be released.

We thank you for your cooperation in this matter.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL102 (R. 08/2003)