

SAMPLE SAMPLE SAMPLE-SIMPLES
201 E WASHINGTON AVE RM # C100
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.

We have not received a final medical report from your treating doctor regarding an end to your healing and whether or not you have any permanent disability.

Please ask your doctor for a final evaluation. Have the doctor send the medical report to the worker's compensation insurance company, or self-insured employer named above.

If we do not hear from you or your insurer within 30 days, we will assume you are not making a claim for further compensation.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL10I

GL10 (R. 09/2003)

Copy sent to:
TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703