

TESTER SAMPLE SIMPLES-SAMPLER  
1309 CHERRY AVE  
GUADALAHARA MEXICO 00000-0000

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:

The Worker's Compensation Division has been notified that you sustained a work-related injury on the date shown above. According to our records, it appears that you were not off work for more than 3 days immediately following your injury, nor did you sustain permanent disability as a result of your injury. Based on this information, compensation would not have been paid to you by the worker's compensation insurance carrier for your injury.

If our records are incorrect, and you were off work for more than 3 days or you sustained permanent disability, please contact our office so that we may verify our records with the insurance carrier.

If we do not hear from you within thirty (30) days, we will assume no payments are due or have been paid at this time.

Sincerely,

Department of Workforce Development  
Division of Worker's Compensation

GL11 (R.11/2001)

**Copy sent to:**  
TEST INSURER 2  
C/O TEST INSURER 2  
123 JENNIFER ST  
MADISON WI 53703