

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 insurance carrier handling your claim has informed us that your weekly compensation benefits have been suspended because they have not received a current medical report on your condition, which they requested. Temporary disability benefits are not payable unless you are medically disabled and unable to work at a salary comparable to two-thirds of your previous wages.

Please ask your doctor to send all the necessary reports to the insurance company so prompt payment of any benefits due can be made.

Department of Workforce Development
Division of Worker's Compensation

GL16 (R. 11/1997)

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