

EMPLOYEE NAME
ADDRESS 1
ADDRESS 2
CITY STATE ZIP

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 received an application claiming 15 percent increased compensation for an alleged safety violation. Please advise if the claim is under sec. 101.11, Wis. Stats., or a specific section of the Wisconsin Administrative Code, or both.

If you are claiming a violation of sec. 101.11, Wis. Stats., advise us and the employer what the unsafe conditions of your work duties were at the time of the accident which you feel contributed to your injury.

This information is required so that your employer may know on what basis your claim is made to enable your employer to prepare a defense.

We will not schedule a hearing on increased compensation until the above information has been furnished to us and the employer.

Division of Hearings and Appeals
Office of Worker's Compensation Hearings

GL39 (R. 01/2016)

Copy sent to:
EMPLOYER EXAMPLE
ADDRESS 1
ADDRESS 2
CITY STATE ZIP

ATTORNEY SAMPLE EXAMPLE
ADDRESS 1
ADDRESS 2
CITY STATE ZIP