

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:

We have been advised you are receiving Social Security disability benefits. Worker's compensation payments can be reduced because of these benefits.

Attached is a copy of our worksheet explaining payments.

If disability benefits are stopped for any reason or when you turn full, normal retirement age, contact your insurance company immediately so that any adjustment in payment can be made.

Department of Workforce Development
Worker's Compensation Division

GL40 (R. 05/2011)

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