

SAMPLE EMPLOYER INC  
201 E WASHINGTON AVE RM C100  
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.

You have advised us that the reason for your delay in reporting this injury is that the employee failed to fill out the forms promptly.

The Worker's Compensation Act requires that an employer file a first report of injury with their worker's compensation insurance carrier by the seventh day of lost time or within seven days of notification by the employee that an injury has occurred. Since you have not complied with this requirement, we are assessing you with the 10 percent delay penalty on this claim in accordance with Sec. 102.22 of the Worker's Compensation Act.

Please make payment of \$\_\_\_\_\_ to Sample Sample Sample-Simples and provide us with a signed receipt or a copy of the canceled check showing this payment has been made.

If you are in dispute with this penalty and wish to have a formal hearing on this matter, please advise our department in writing within 30 days.

Failure to respond timely to this letter will result in the issuance of an order of default, without hearing or further notice, requiring payment of the penalty for the delay and any other amounts due. A default order may also be issued without hearing or further notice, if the explanation provided is inadequate as a matter of law. An order issued in this matter, when final, may be reduced to judgment in court.

Your prompt attention to this matter is appreciated.

Department of Workforce Development  
Division of Worker's Compensation

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