

TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER ST
MADISON WI 53703

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 received an operative report or medical report assessing permanent disability as a result of this injury.

Although the payment information you have submitted reflects that the injured employee lost no time from work, the medical report indicates that the employee did lose time from work either as a result of surgery or within the three-day waiting period.

Permanent disability, by definition, extends beyond seven calendar days. Therefore, when permanent disability exists, the three-day waiting period provided for in s. 102.43 is waived, and **any** time off of work is compensable.

Please make payment of temporary total disability benefits due and submit your revised WKC-13 reflecting payment made.

If the injured employee actually did not lose any time from work, please provide our Department with an explanation within 30 days of the date of this letter.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL 71 (R. 06/2010)