

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:

Thank you for your recent request to waive the surcharge assessed on this claim for failing to submit a timely Supplemental Report, WKC-13. After reviewing the claim and the information received from you the surcharge has been rescinded.

To find out what reports are overdue and to avoid surcharges in the future, go to the Worker's Compensation web site's Insurers' Pending Reports at:
http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm.

Department of Workforce Development
Worker's Compensation Division

RS13 (R.11/2014)