

TEST INSURER 2  
C/O TEST INSURER 2  
RM C100  
201 E WASHINGTON AVE  
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.

Thank you for your recent request to waive the surcharge assessed on this claim for failing to submit a timely Wage Information Supplemental Report, WKC-13A or WKC-13A1. After reviewing the claim and the information received from you the surcharge has been rescinded.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:

**<https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>**.

Department of Workforce Development  
Worker's Compensation Division

RS13A (R.11/2022)