

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 After reviewing the claim and the information received from you the surcharge has been rescinded.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 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

RSWC45 (R.11//2022)