

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:

The surcharge for failing to submit required information on this claim is rescinded. This action has been taken because the claim has either become litigated or suspended due to investigation by the insurer. If this claim becomes payable in the future, submission of the claim information related to the surcharge may again be required.

To find out what reports are overdue and avoid surcharges in the future, go to the Worker's Compensation web site's Insurer's Pending Reports at:  
**[http://dwd.wisconsin.gov/wc/insurance/pending\\_rpts.htm](http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm)**

Department of Workforce Development  
Worker's Compensation Division

RSWCSL (N. 02/2006)