

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.

The anticipated date sent to the Worker's Compensation Division for submitting a final medical report from the treating practitioner has expired. Please submit the report or a new anticipated date for the report.

For failing to submit a timely report or a new anticipated date for the report the Department is assessing a \$100 surcharge, pursuant to s.102.35(1), Wis. Stats. ***Please do not pay now.*** The Department will record the surcharge and will invoice you annually for the total amount due.

You may request a waiver of this surcharge within 45 days of the date of this letter. Please include any information that would show a mistake was made or that the report was submitted on time.

Failure to respond to this request within 30 days may result in further sanctions by the Worker's Compensation Division under ss.102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance under s.601.64, Wis. Stats., or both.

To find out what other 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

SWC24 (R.11/2014)