

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.

According to our records you submitted an incomplete Wage Information Supplement, WKC-13A or WKC-13A1. For us to verify the correct average weekly wage for computing the TTD rate, please answer the following questions and return this form to the Worker's Compensation Division within 30 days.

Gross Earnings:

1. During the 52-week period prior to the date of injury, how many weeks did the employee work at the same type of employment that he or she was performing at the time of injury? _____
2. What were the employee's total earnings during those weeks? (Include any bonus or premium, but exclude tips.) \$_____

For failing to report this required information the Department is assessing you a \$100 surcharge, payable to the State of Wisconsin pursuant to s.102.35(1), Wis. Stats. ***Please do not pay now.*** The Department will record each surcharge you incur and 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 or expected date 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.

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

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