

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.

This is a second request for the wage information.

We received wage information that indicates the average weekly wage used for computing the TTD/PPD rate(s) may be incorrect. Please submit the following information for verification of the correct average weekly wage:

- A week-by-week listing of hours worked for the 52-week period starting immediately prior to the week in which the injury occurred.
- If the employee worked for this employer less than 52 weeks prior to the week of injury, list hours worked from the date of hire.

For failing to submit this required information timely, 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 surcharges 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 second 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

SWC45Q (R. 01/2023)