

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 request for an overdue final supplemental report, WKC-13, for this claim. In accordance with DWD 80.02(2)(e)4, the final supplemental report was due within 30 days of the date of final payment on this claim. Please submit a WKC-13 showing all dates of disability, the amounts paid for each period and the date of final payment through the Internet Pending Reports.

The Department also assesses you a \$100 surcharge, pursuant to s.102.35(1), Wis. Stats., for failing to file this required report timely. The surcharge is payable to the State of Wisconsin. **Please do not pay now.** The Department will record the surcharge and will invoice you annually for the total amount due.

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. 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.

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

WKC-86A (R. 12/2006) SWC86A