

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US
INJURY DATE: 05/01/85 PLEASE USE WC CLAIM NO.
EMPLOYEE: SAMPLE SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

This is a request for an overdue Supplementary Report, WKC-13.

For failing to file the required report, 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.

We received a compromise or stipulation without the required WKC-13, Supplementary Report. Please send us a WKC-13 through the Internet Pending Reports showing all worker's compensation payments to date and the dates for which these payments were made.

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

SWC86K (R. 01/2007)