

SAMPLE EMPLOYER INC
201 E WASHINGTON AVE RM C100
RM C100
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.

Our records show that this minor was injured while employed by you. The minor was under 16 years of age, having been born on per a birth or baptismal record.

We find no labor permit on file, as required by Wis. Stat. § 103.70, authorizing you to employ this minor. If our records are correct, double compensation may be due from you. This is an amount equal to the compensation due to the minor from your insurance carrier.

Wis. Stat. § 102.60(6) provides that the amount that the minor receives in primary and extra compensation may not be less than the actual wage loss. If the combined payments do not equal what the minor would normally have earned during the period of disability, you must pay the difference between the compensation and normal earnings. Receipts for all payments must be filed with this Department.

You should contact your insurance carrier promptly to learn the amounts due in primary compensation and make payment of the appropriate extra compensation.

If you deny liability, please advise, and a formal hearing will be scheduled.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-134-E (R. 07/2021) WC134

Copy sent to:
TEST INSURER 2
C/O TEST INSURER 2
RM C100
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MADISON WI 53703