

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 letter is to request that you immediately submit the Wage Information Supplement, form WKC-13A or WKC-13A1, or if the information it is not available, an estimated date you expect to submit it.

Information received indicates that the wage is less than the maximum. This means that in addition to filing the Supplementary Report (WKC-13), you are required to submit wage information (WKC-13A or WKC-13A1) – or the date you expect to submit a WKC-13A or WKC-13A1 – within 30 days of the date of accident or the beginning of a disability from an occupational disease.

Failure to submit the wage information required by form WKC-13A or WKC-13A1 (or to estimate its submission date) within 30 days may result in a \$100 surcharge under s. 102.35(1), Wis. Stats.

To submit this report electronically, find out what other reports are overdue and avoid surcharges in the future, go to the Worker's Compensation web site's Insurer's Pending Reports at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WC-45A (R. 11/2022)