

TEST INSURER 2  
C/O TEST INSURER 2  
123 JENNIFER ST  
MADISON WI 53703

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US  
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.  
EMPLOYEE: SIMPLER-SAMPLER, TESTER SAMPLE  
EMPLOYER: SAMPLE EMPLOYER  
INSURER NO:

According to the employee, the average weekly wage for computing temporary disability payments may be wrong because premium pay or wages at time-and-a-half were not included. For us to verify the correct average weekly wage, please answer the following questions and return this form to the Worker's Compensation Division within 30 days.

- In the 13-week period prior to the date of injury, was the employee paid premium pay or time-and-a-half pay?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If 'yes,'** after how many hours? \_\_\_\_\_

- Was the company's or department's work schedule for the employment at which the employee worked at the time of injury in effect for 13 or more weeks prior to the date of injury?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If you do not reply to this letter within 30 days, we will set the average weekly wage using time-and-a-half wages or premium pay as submitted by the employee. Thank you for your help in assuring correct compensation payments.

Wage Analyst  
(608) 266-3264