

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.

Send a list (or punch detail) of the number of hours the claimant worked during each of the 13 weeks prior to the week of injury. Hours paid in lieu of work, such as vacation, holiday, or personal time, should be included. Do not send earnings in lieu of hours.

For full time employees, attach the weekly list of hours or the punch detail to this letter and return.

For part time employees, if you are conceding an expansion to full time you may either:

Check here and return this letter or,

Use the e-mail reply feature on the Insurer's Pending Report system to inform us that you are conceding an expansion to full time.

<https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>

If the employee is part time and you are *not* conceding an expansion to full time, attach the weekly list of hours or the punch detail to this letter and return.

The list of hours or punch detail cannot be sent via the pending report, but can be sent to the Fax Imaging Server at (608) 260-2503.

If we do not receive a reply within 30 days we will assume that the part time employee did not work a regular schedule as defined by s. 102.11(1)(am) 2 Wis. Stats.

Department of Workforce Development
Worker's Compensation Division

WC45L (R. 07/2010)