

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.

We received wage information that indicates the average weekly wage used for computing the TTD/PPD rate(s) may be incorrect. Please submit the following information for verification of the correct average weekly wage:

- A week-by-week listing of hours worked for the 52-week period starting immediately prior to the week in which the injury occurred.
- If the employee worked for this employer less than 52 weeks prior to the week of injury, list hours worked from the date of hire.

If you do not reply to this request for wage information within 30 days, we may assess a surcharge of \$100 in accordance with s. 102.35(1), Wis. Stats.

If you have questions or need help, please contact us by calling (608) 266-1340 and then ask for a wage analyst.

Thank you for your assistance in assuring correct compensation payments.

Department of Workforce Development
Worker's Compensation Division

WC45Q (N. 03/2022)