

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.

The employee advised us that you have not made any disability payments on this claim since the injury. Please update us on the status of your investigation.

If you made payments, please submit a Supplementary Report, WKC-13 through the Internet Pending Reports at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>, indicating the payments to date. If you denied the claim, the Wisconsin Administrative Code requires that you give us the reason (with a copy to the employee). If you are still investigating the claim, please tell us when you expect to complete the investigation.

The Department will assess a 10% penalty under 102.22, Wis. Stats., for inexcusable delays in making payments of \$500 or more 30 days or more after the date of injury.

Failure to respond to this request within 30 days may result in sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance, under s. 601.64 Wis. Stats., or both.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-75-E (R. 03/2003) WC75

Copy sent to:
SAMPLE SAMPLE SAMPLE SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703