

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: SIMPLES-SAMPLER, TESTER SAMPLE  
EMPLOYER: SAMPLE EMPLOYER  
INSURER NO:

According to our records, you suspended or terminated worker's compensation payments without proper notice to the Department and the employee.

If you stop payments for any reason other than an employee's return to work, you must explain why to the Department, with a copy to the employee, within 7 days. You must also advise the employee what to do to reinstate payments. If you are denying liability for payment of any compensation, your explanation must also advise the employee of the right to a hearing before the Department. Finally, please send us copies of any report or other information which supports your decision to suspend or terminate payments.

Failure to submit the required explanation to the Department within 30 days, with a copy to the employee, may result in a \$100 surcharge under s. 102.35(1), Wis. Stats.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WKC-75A (R. 03/2003) WC75A

**Copy sent to:**  
TESTER SAMPLE SIMPLES-SAMPLER  
1309 CHERRY AVE  
GUADALAHARA MEXICO 00000-0000