

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.

Our calculations of the disability amounts due and record of payments for this claim are shown below. Please pay the balance due promptly and confirm that your payment has been made by submitting an amended Supplementary Report, WKC-13 through the Internet Pending Reports at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>. If you disagree with our calculation of the amount due and have paid a different amount, please explain the basis for your payment by returning this form along with your explanation to the address shown on the letterhead.

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.

WKC-77-E (R. 01/2007) WC77