

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:

### ***SECOND REQUEST***

Our records of the disability payments for this claim indicate that you did not report claim payment information to us in a timely manner, as was requested in a previous letter. Please provide proof of your payment, using a WKC-13 form.

In accordance with section 102.35(1), Wis. Stats., we are assessing you a \$100 surcharge for failure to report the requested information in a reasonable period of time. This surcharge is due within 30 days. An invoice for the surcharge will be sent under separate cover.

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WC77B (11/2004)