

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.

According to our calculations (below), you paid temporary disability, but did not pay the permanent partial disability (PPD) which is due on this claim.

Please pay the balance due promptly and send us an amended Supplementary Report, WKC-13 through the Internet Pending Reports at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm> to confirm your payment. 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.

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.

WC77P (R. 01/2007)