

SAMPLE EMPLOYER
ADDRESS1
ADDRESS2
CITY STATE ZIP

WC CLAIM NO: 2011-017964
INJURY DATE: 06/21/11
EMPLOYEE: EMPLOYEE, SAMPLE
EMPLOYER: REEDY CONCRETE CONSTRUCTION
INSURER NO: WRK61977190016CJB

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

The injury for the employee named above has been investigated for compliance with safety regulations. The investigator found that the injury occurred because of the employer's violation of 00000000. A copy of the investigation report is enclosed. If you dispute the finding of this investigation, please advise us immediately and the matter will be scheduled for a hearing before an Administrative Law Judge.

Under s. 102.57 Wis. Stats., the employer is required to pay an increase of 15 percent in compensation directly to the injured employee or his or her dependents when an injury is caused by the failure of the employer to comply with any statute or lawful order of the Department.

Please pay \$00000000 to the employee or his or her dependents immediately based on payments of primary compensation or death benefits reported to date. The 15% increase in compensation applies to all primary compensation or death benefits already paid or due and any future compensation or death benefits that become due on this claim up to the maximum increased compensation of \$15,000. Primary compensation includes all temporary and permanent disability payments. This payment and future payments must be made by the employer and not by its insurance carrier and cannot be waived or excused by the employee. Future increased compensation payments must be made weekly and may not be paid in a lump sum unless ordered by the Department.

We are sending a copy of this letter to your worker's compensation insurance carrier and request that they advise you and us of all primary compensation or death benefits paid to date and that they keep you informed whenever more payments of compensation are made. Send us receipts signed by the employee or copies of canceled checks for all increased compensation payments made.

Failure to comply with this request within 30 days may result in an Administrative Law Judge's issuance of an order of default without hearing or further notice, requiring payment of the increased compensation. An order issued in this matter, when final, may be reduced to judgment in court.

Department of Workforce Development
Worker's Compensation Division

Enc.
WKC-79 (R. 08/2014) WC79

Copy sent to:
SAMPLE EMPLOYEE
ADDRESS1
ADDRESS2
CITY STATE ZIP

TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER STREET
MADISON WI 53703