

SAMPLE EMPLOYER INC
201 E WASHINGTON AVE RM C100
RM C100
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.

We previously informed you of your liability for payment of increased-double compensation in accordance with s. 102.60(1) Wis. Stats. for employment of a minor without a labor permit.

Increased compensation is due and payable as indicated below. You may deduct any amount you have previously paid as increased compensation from the amount now due.

Please make payment of the amount now due as increased compensation and furnish us with the injured employee's signed receipt. You should also make payment of any future increased compensation due in installments, and provide us with a receipt for the full amount paid within two weeks of the final payment.

\$____ Primary compensation now paid.

\$____ Increased compensation now due from you.

\$____ Amount Paid.

\$____ Balance Due.

Future payments of increased compensation totaling \$ will be due at the rate of \$ per month beginning .

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-79A-2X-E (N. 10/2002) WC79A2X

Copy sent to:

SAMPLE SAMPLE SAMPLE-SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703