

SAMPLE EMPLOYER  
123 MAIN STREET  
ANYTOWN USA 12345

WC CLAIM NO: 9999-999999  
INJURY DATE: 06/21/11  
EMPLOYEE: JOHN DOE  
EMPLOYER: SAMPLE EMPLOYER  
INSURER NO: WRK61977190016CJB

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

It appears payment of compensation to this employee was delayed due to your failure to promptly report injury and disability to your insurance carrier.

Under Worker's Compensation law, if there is an inexcusable delay on the part of the employer in filing a report, a penalty of ten (10) percent increase in compensation is payable to the injured worker by the employer.

Please respond, in writing, regarding the reason for the delay in payment. Your response is due within 30 days and should include the WC claim number.

If you decide to pay the penalty, please make payment of to the employee and provide us with a signed receipt or the canceled check showing the payment made. In the event you disagree with this assessment, you must provide us with the written explanation requested above.

Failure to respond timely to this letter with an explanation or receipt of paid penalty may result in the issuance of an order of default without hearing or further notice, requiring payment of the delay penalty and any other amounts due. A default order may also be issued, without hearing or further notice, if the explanation provided is inadequate as a matter of law. An order issued in this matter, when final, may be reduced to judgment in court.

Your prompt attention to this matter is appreciated.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WKC-81-E (R. 03/2003) WC81