

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.

This is the second request for this information.

There has been no recorded activity on this claim for at least 180 days. Please give us the claim's current status and submit an updated WKC-13 through the Internet Pending Reports at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm> showing all dates of disability and the amounts paid for each period. This will help us to ensure the accuracy of our records.

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.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WC86-A-E (R. 05/2008)