

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

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US  
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.  
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE  
EMPLOYER: SAMPLE EMPLOYER  
INSURER NO:

Additional information is needed to process the claim indicated above. Please answer the question(s) below. Your reply can be made directly on this form unless a separate report has been requested.

Is the Investigation complete?

Why is it delayed?

This information will assist in bringing this claim to a conclusion.

Failure to submit this required report within 30 days will result in a surcharge of \$100 under sec. 102.35(1), Wis. Stats.

Department of Workforce Development  
Worker's Compensation Division

WC86B (R. 02/2006)