

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:

According to our records, the employee sustained an amputation as a result of a work-injury. To compute the permanent disability benefits due on this claim, we need to determine the employee's actual bone loss by comparing the injured and uninjured extremities. Please send us the comparative x-rays of **both** extremities.

If you cannot provide the x-rays at this time, please estimate when you can send them.

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.

Department of Workforce Development
Worker's Compensation Division

WC86E (R. 03/1998)