

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:

The purpose of this letter is to request a Supplementary Report, WKC-13, on this claim.

We received a First Report of Injury, WKC-12, but not a WKC-13. The Wisconsin Administrative Code requires that you submit a WKC-13 before the 30th day following the date of injury shown above. The WKC-13 is overdue.

Please send us a WKC-13 showing all dates of disability and all amounts paid to date.

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

Department of Workforce Development
Worker's Compensation Division

WC86G (R. 02/2006)