

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:

We received a compromise or stipulation without the required WKC-13, Supplementary Report. Please send us a WKC-13 showing all worker's compensation payments to date and the dates for which these payments were made.

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

WC86K (R. 02/2006)