

TESTER SAMPLE SIMPLES-SAMPLER  
1309 CHERRY AVE  
GUADALAHARA MEXICO 00000-0000

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 are informed that worker's compensation benefits are not being paid to you for the above injury.

You may request a hearing before a Division Administrative Law Judge if you believe you can show that you are entitled to such benefits, either medical treatment or disability benefit payments. If you want to apply for a hearing please contact the Division at (608) 266-1340 and request a WKC-7 Hearing Application form.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WKC-88-E (R. 04/2015) WC88