

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:

Our computation of the permanent partial disability due is attached. Let us know immediately if you do not make payment as shown.

If there is no temporary disability printed on the attached sheet or if the temporary disability is incomplete, please send a WKC-13 through the Internet Pending Reports http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm giving the dates of disability and the amounts paid. If the temporary disability is not available then the accrual of PPD may not be correct.

This worksheet is final. When the final payment is made, send a final WKC-13 through the Internet Pending Report http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm.

WC93F (R. 03/2009)

See other side for additional estimate information.

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