

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM 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 at <https://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 not final. Send a final medical report when it is available.

WC93N (R. 03/2007)

See other side for additional estimate information.