

**Jim Doyle**  
Governor

**Roberta Gassman**  
Secretary

**Frances Huntley-Cooper**  
Division Administrator



**State of Wisconsin**  
**Department of Workforce Development**

**WORKER'S COMPENSATION**  
201 East Washington Avenue  
P.O. Box 7901  
Madison, WI 53707-7901  
Telephone: (608) 266-1340  
Imaging Server Fax: (608) 260-2503  
Fax: (608) 267-0394  
<http://www.dwd.state.wi.us/wc/>  
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October 6, 2003

TEST INSURER 1  
C/O TEST INSURER 1  
ONE MAIN ST  
MADISON WI 53703

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/98  
EMPLOYEE: SIMPLE, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

We received a Supplementary Report, WKC-13, which indicates you are investigating this claim. Please update us on the status of your investigation.

If you made payments on the claim, please submit a Supplementary Report, WKC-13, indicating your payments to date. If you denied the claim, the Wisconsin Administrative Code requires that you give us the reason (with a copy to the employee). If you are still investigating the claim, please tell us when you expect to complete the investigation.

Failure to respond to this request within 30 days may result in sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance under s. 601.64, Wis. Stats., or both.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WKC-13054-E (N. 03/2002) GL06