

Scott McCallum
Governor

Jennifer Alexander
Secretary

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Division Administrator



State of Wisconsin

Department of Workforce Development

WORKER'S COMPENSATION

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P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Imaging Server Fax: (608) 260-2503
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October 6, 2003

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 5370

WC CLAIM NO: 9999-999999
INJURY DATE: 10/01/01
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: EMPLOYER UNKNOWN
INSURER NO: 094CBD6S8646

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

This is a request for the Wage Information Supplement, form WKC-13-A.

For failing to either file this required report or provide an expected date that it will be submitted, the Department is assessing you a \$100 forfeiture, payable to the State of Wisconsin pursuant to s.102.35 (1), Wis. Stats. **Please do not pay now.** The Department will record each forfeiture you incur and invoice you annually for the total amount due.

Information received indicates that the wage is less than the maximum. This means that in addition to filing the Supplementary Report (WKC-13), you are required to submit wage information (WKC-13-A) – or the date you expect to submit a WKC-13-A – within 30 days of the date of accident or the beginning of a disability from an occupational disease.

Failure to respond to this request within 30 days may result in further 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.

To submit this report electronically, find out what other reports are overdue and avoid forfeitures in the future, go to the Worker's Compensation web site's Insurer's Pending Reports at:
http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm

Sincerely,

Department of Workforce Development
Worker's Compensation Division

FWC-45A (R. 11/2002)