

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.

Your response to our previous requests for a first WKC-13, Supplementary Report on Accidents and Industrial Diseases, for the claim referenced above is overdue.

Please refer to the Insurers' Pending Reports on our web site for the missing WKC-13 required supplemental report at
<https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>.

If you have problems signing on, have forgotten your ID or Password, or have not yet been assigned a WC Employer Logon ID/User name and password, please call (608) 267-6890 or email us at **wcsecurityadmin@dwd.state.wi.us**.

Please use the internet format to submit the required report, within 15 calendar days of your receipt of this letter. If you have any questions about submitting the report, please contact Claim Services Specialists. They will help to resolve the issue of the missing required document(s).

As a self-insured employer, it is your responsibility to submit all required reports and respond to information requested by the department in a timely manner. Continued failure to do this may result in review of your self-insurance status with the department and Self-Insurers Council.

Thank you,

Director
Bureau of Claims Management

BIP1ST (N. 02/2006)