

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.

This is a request for overdue information.

The Wage Information Supplement, form WKC-13A, has not been submitted as required in accordance with DWD 80.02(2)(c) of the Wisconsin Administrative Code. The wage information should be submitted with the first WKC-13. Although you may have submitted an expected date, that date has now passed.

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

If you have any questions about submitting the above requested information please contact us by calling (608) 266-1340 and then ask for a wage analyst.

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.

Department of Workforce Development  
Worker's Compensation Division

BIP45A (R.11/2014)