

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, WKC-13A, you submitted was incomplete. We need to determine the correct average weekly wage for computing the TTD rate. Please answer the following questions and return this form to the Worker's Compensation Division within 30 days.

1. During the 52-week period prior to the date of injury, how many weeks did the employee work at the same type of employment during the time of injury? \_\_\_\_\_
2. What were the total earnings during those weeks? (Include bonus or premium pay, but exclude tips.) \$\_\_\_\_\_
3. In the 13-week period prior to the date of injury, was the employee paid premium pay or time-and-a-half pay? \_\_\_\_Yes \_\_\_\_No  
If 'Yes', after how many hours? \_\_\_\_\_
4. Was the company's or department's work schedule for the employment at which the employee worked at the time of the injury in effect for 13 or more weeks prior to the date of injury? \_\_\_\_Yes \_\_\_\_No

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

WKC-17676-E (R.11/2014) BIP45M