

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 request for a WKC-13, Supplementary Report on Accidents and Industrial Diseases, indicating the disposition of your investigation on the claim referenced above is overdue. Please advise us of the results of your investigation on the claim referenced above.

Please refer to the Insurers' Pending Reports on our web site for the missing required reports 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 Tracy Aiello at (608) 266-0434 or e-mail at **[wcsecurityadmin@dwd.wisconsin.gov](mailto:wcsecurityadmin@dwd.wisconsin.gov)**.

Within 15 calendar days of your receipt of this letter, please submit the required report, preferably using the Internet format. If you have any questions about submitting the report, please contact Diane Rodenberg at (608) 267-6890 or e-mail at **[diane.rodenberg@dwd.wisconsin.gov](mailto:diane.rodenberg@dwd.wisconsin.gov)** 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.

Thank you,

Director  
Bureau of Claims Management

BIPINV (R. 11/2005)