WC CLAIM NO:9999-999999IF YINJURY DATE:05/01/85PLEEMPLOYEE:SAMPLE-SIMPLES, SAMPLEEMPLOYER:SAMPLE EMPLOYER INCINSURER NO:INSURER NO:

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

We recently received a compromise agreement for approval.

The compromise agreement which you have submitted for approval appears to be based upon a valid dispute and should be confirmed.

Wisconsin Administrative Code DWD 80.03(1)(d) and (e) requires that lump sum payments be deposited in a financial institution for proper disbursement. Provide the name and address of a financial institution in which a restricted account may be established.

Sincerely,

Division of Hearings and Appeals Office of Worker's Compensation Hearings

DHA GL38 (N. 01/2016) **Copy sent to:** ATTORNEY WALTER D THUROW PO BOX 188 RIO WI 53960