

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.

We received a Supplementary Report on Accidents and Industrial Diseases (WKC-13) for this temporary partial disability claim, but you failed to complete the Temporary Partial Disability through the Internet Pending Reports web address at **<https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>**.

Please complete and resubmit the temporary partial disability worksheet from the pending reports website.

Failure to respond to this notice within 30 days may result in a \$100 surcharge, as authorized in s.102.35(1), Wis. Stats.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-13053-E (R. 01/2007) GL05