

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, WKC-13, which indicates you are investigating this claim. Please update us on the status of your investigation.

If you made payments on the claim, please submit a WKC-13 through the Internet Pending Reports at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm> indicating your payments to date. If you denied the claim, the Wisconsin Administrative Code requires that you give us the reason (with a copy to the employee). If you are still investigating the claim, please tell us when you expect to complete the investigation.

Failure to respond to this request within 30 days may result in sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance under s. 601.64, Wis. Stats., or both.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-13054-E (R. 12/2006) GL06