

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 recent payment of an advance to Sample Sample Sample-Simples in the amount of \$_____ entitles you to an interest credit of \$_____

By copy of this letter, we are informing the injured worker that the balance of the total permanent partial disability compensation now due is reduced by this interest credit caused by earlier withdrawal of benefits.

Department of Workforce Development
Division of Worker's Compensation

GL08

GL08 (R. 11/2005)

Copy sent to:
SAMPLE SAMPLE SAMPLE-SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703