

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 reason for the delay of the first compensation payment on this injury is not acceptable. Therefore, we are assessing you with the 10 percent delay penalty according to sec. 102.22 of the Wisconsin Statutes.

Please make payment of \$_____ to Sample Sample Sample-Simples and furnish us with a copy of a signed receipt or canceled check showing this payment has been made.

If you disagree with our assessment, please send us additional information in writing.

Failure to respond timely to this letter will result in the issuance of an order of default, without hearing or further notice, requiring payment of the penalty for the delay and any other amounts due. A default order may also be issued without hearing or further notice, if the explanation provided is inadequate as a matter of law. An order issued in this matter, when final, may be reduced to judgment in court.

Your prompt attention to this matter is appreciated.

Department of Workforce Development
Worker's Compensation Division

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GL55 (R. 10/2005)