

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.

You have advised us that the reason for your delay in making the first payment is that you were conducting an investigation of this claim. It is the Department's position that an investigation of more than six weeks is generally considered unreasonable. Therefore, we are assessing you with the 10 percent delay penalty in accordance with Sec. 102.22 of the Worker's Compensation Act.

Please make payment of \$_____ to Sample Sample-Simples and provide us with a revised WKC-13 reflecting payment made.

If you wish to contest this penalty, you will need to provide further information substantiating a reasonable delay in the investigation of this claim.

Please submit copies of the medical records submitted on behalf of the claimant along with any other medical information or factual documentation supporting your need for an extended investigation.

If, upon review, we are unable to determine conclusively that the delay in payment was reasonable, we will schedule this matter for a formal hearing.

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

GL58 (R. 09/2003)