

SAMPLE EMPLOYER INC
201 E WASHINGTON AVE RM C100
RM C100
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 you reported this claim promptly at the time of the injury. However, there was no compensable lost time at the time of the injury. You are required to report lost time to your worker's compensation insurance carrier by the seventh day of lost time. Since you did not comply with this requirement, you are being assessed 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 Sample-Simples and provide us with a signed receipt or a copy of the canceled check showing payment made.

If you are in dispute with this penalty and wish to have a formal hearing on this matter, please advise our Department in writing within 30 days.

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

GL60

GL60 (R. 07/2002)

Copy sent to:
TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703