

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 paid this employee based on a weekly wage of \$_____ at 66.67%. We compute the correct weekly wage to be \$_____ at 66.67% under s. 102.11(1), Wis. Stats.

The purpose of this letter is to direct that you either send us a Supplementary Report, WKC-13, indicating that you adjusted payments or explain why you disagree with our computations.

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.

Worker's Compensation Division
Wage Analyst

WC-119 (R. 09/2003)