

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.

We previously informed you of your liability for payment of 15% increased compensation in accordance with s. 102.57 Wis. Stats. for violation of safety statutes.

Increased compensation is due and payable as indicated below. You may deduct any amount you have previously paid as increased compensation from the amount now due.

Please make payment of the amount now due as increased compensation and furnish us with the injured employee's signed receipt. You should also make payment of any future increased compensation due in installments, and provide us with a receipt for the full amount paid within two weeks of the final payment.

Failure to comply with this request within 30 days may result in an Administrative Law Judge's issuance of a default order, without further notice or hearing for payment of the increased compensation. This order, upon becoming final, may be reduced to a judgment in court.

\$_____ Primary compensation now paid.

\$_____ Increased compensation now due from you.

\$_____ Amount Paid.

\$_____ Balance Due.

Future payments of increased compensation totaling _____ will be due at the rate of _____ per month beginning _____.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-79-A-E (R. 06/2004) WC79-A-E

Copy sent to:

SAMPLE SAMPLE SAMPLE-SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703