

Department of Workforce Development
Division of Worker's Compensation
P.O. Box 7901
Madison, WI 53707-7901
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STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor
Raymond Allen, Secretary

November 9, 2017

TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER ST
MADISON WI 53703

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE
EMPLOYER: SAMPLE EMPLOYER
INSURER NO:

We received a Supplementary Report on Accidents and Industrial Diseases (WKC-13) for this temporary partial disability claim, but you failed to complete the Temporary Partial Disability through the Internet Pending Reports web address http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm.

Please complete and resubmit the temporary partial disability worksheet from the pending reports website.

Failure to respond to this notice within 30 days may result in a \$100 surcharge, as authorized in s.102.35(1), Wis. Stats.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-13053-E (R. 01/2007) GL05