

Department of Workforce Development
Division of Worker's Compensation
P.O. Box 7901
Madison, WI 53707-7901
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Fax: (608) 267-0394
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STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor
Raymond Allen, Secretary

November 9, 2017

TESTER SAMPLE SIMPLES-SAMPLER
1309 CHERRY AVE
GUADALAHARA MEXICO 00000-0000

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:

The worker's compensation insurance carrier handling your claim has informed us that your weekly compensation benefits have been suspended because they have not received a current medical report on your condition, which they requested. Temporary disability benefits are not payable unless you are medically disabled and unable to work at a salary comparable to two-thirds of your previous wages.

Please ask your doctor to send all the necessary reports to the insurance company so prompt payment of any benefits due can be made.

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Copy sent to:
TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER ST
MADISON WI 53703