

Department of Workforce Development  
Division of Worker's Compensation  
P.O. Box 7901  
Madison, WI 53707-7901  
Telephone: (608) 266-1340  
Fax Imaging Server: (608) 260-2503  
Email: dwddwc@dwd.wisconsin.gov

STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor  
Raymond Allen, Secretary

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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:

The expected date you reported for submitting the Wage Information Supplement, WKC-13A, has passed and we have no record of receiving it. Please submit the WKC-13A using the Insurers' Pending Reports.

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.

To find out what other reports are due, go to the Insurers' Pending Reports at:  
[http://dwd.wisconsin.gov/wc/insurance/pending\\_rpts.htm](http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm)

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GL45A (R.04/2015)