

**Department of Workforce Development
Worker's Compensation**

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**State of Wisconsin
Department of Workforce Development**

**Jim Doyle, Governor
Roberta Gassman, Secretary
Frances Huntley-Cooper, Division Administrator**

March 11, 2008

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

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/94
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Your response to our previous request for a WKC-13, Supplementary Report on Accidents and Industrial Diseases, indicating the disposition of your investigation on the claim referenced above is overdue. Please advise us of the results of your investigation on the claim referenced above.

Please refer to the Insurers' Pending Reports on our web site for the missing required reports at http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm.

If you have problems signing on, have forgotten your ID or Password, or have not yet been assigned a WC Employer Logon ID/User name and password, please call Tracy Aiello at (608) 266-0434 or e-mail at wcsecurityadmin@dwd.state.wi.us.

Within 15 calendar days of your receipt of this letter, please submit the required report, preferably using the Internet format. If you have any questions about submitting the report, please contact Diane Rodenberg at (608) 267-6890 or e-mail at diane.rodenberg@dwd.state.wi.us to resolve the issue of the missing required document(s).

As a self-insured employer, it is your responsibility to submit all required reports and respond to information requested by the Department in a timely manner.

Thank you,

Director
Bureau of Claims Management