

**Jim Doyle**  
Governor

**Roberta Gassman**  
Secretary

**Frances Huntley-Cooper**  
Division Administrator



**State of Wisconsin**  
**Department of Workforce Development**

**WORKER'S COMPENSATION**  
201 East Washington Avenue  
P.O. Box 7901  
Madison, WI 53707-7901  
Telephone: (608) 266-1340  
Imaging Server Fax: (608) 260-2503  
Fax: (608) 267-0394  
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October 6, 2003

TEST INSURER 1  
C/O TEST INSURER 1  
ONE MAIN ST  
MADISON WI 53703

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/98  
EMPLOYEE: SIMPLE, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO: 094CBD6S8646

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

Your report on the first payment of compensation indicates that the first payment was made more than 14 days after the injury. The Worker's Compensation law provides that, where there is an inexcusable delay, a ten (10) percent penalty is due.

Please respond, in writing, regarding the reason for the delay in payment. Your response is due within 30 days and should include the WC claim number.

If you decide to pay the penalty, please make payment of to the employee and provide us with proof of payment. In the event you disagree with this assessment, you must provide the written explanation requested above.

Failure to respond timely to this letter with an explanation for the delay or proof of payment will result in the issuance of an order of default, without hearing or further notice, requiring payment of the penalty for the delay and any other amounts due. A default order may also be issued without hearing or further notice, if the explanation provided is inadequate as a matter of law. An order issued in this matter, when final, may be reduced to judgment in court.

Your prompt attention to this matter is appreciated.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WKC-80 (R. 04/2002) WC80