

**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 requests for a first WKC-13, Supplementary Report on Accidents and Industrial Diseases, for the claim referenced above is overdue.

Please refer to the Insurers' Pending Reports on our web site for the missing WKC-13 required supplemental report at http://dwd.wisconsin.gov/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 (608) 267-6890 or email us at wcsecurityadmin@dwd.state.wi.us.

Please use the internet format to submit the required report, within 15 calendar days of your receipt of this letter. If you have any questions about submitting the report, please contact Claim Services Specialists. They will help 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. Continued failure to do this may result in review of your self-insurance status with the department and Self-Insurers Council.

Thank you,

Director
Bureau of Claims Management