

**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**

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March 7, 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 complete wage information using form WKC-13-A, Wage Information Supplement, for the claim referenced above is overdue.

Please refer to the Insurers' Pending Reports on our web site for the missing required wage report at [http://www.dwd.state.wi.us/wc/insurance/pending\\_rpts.htm](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](mailto: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 email at [diane.rodenberg@dwd.state.wi.us](mailto: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