

Jim Doyle
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Division Administrator



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION
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Telephone: (608) 266-1340
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<http://www.dwd.state.wi.us/wc/>
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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.

This is a request for overdue information.

For failing to file this required report, the Department is assessing you a \$100 forfeiture, payable to the State of Wisconsin pursuant to s.102.35(1), Wis. Stats. **Please do not pay now.** The Department will record each forfeiture you incur and invoice you annually for the total amount due.

According to our records, you submitted an incomplete Wage Information Supplement, WKC-13-A. For us to determine the correct average weekly wage for computing the TTD rate please answer the following questions and return this form to the Worker's Compensation Division within 30 days.

Part-time work:

1. How many hours per week was the employe scheduled when injured? _____
2. How many other employes worked the same schedule of hours per week? _____
3. How many full-time employes did the same type of work? _____
4. How many hours per week are full-time employes doing the same kind of work normally scheduled to work? _____

Thank you for your help in assuring correct compensation payments.

Failure to respond to this request within 30 days may result in further 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., or both.

To find out what other reports are overdue and avoid forfeitures in the future, go to the Worker's Compensation web site's Insurer's Pending Reports at:

http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm

Wage Analyst
(608) 266-3264

