

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  
<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 our second request for this information. For failing to either 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 verify 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:**

1. During the 52-week period prior to the date the injury occurred, how many weeks did the employee work at the same type of employment that he or she performed at the time of the injury? \_\_\_\_\_
2. What were the total earnings during those weeks? Include bonus or premium pay. Exclude tips. \$ \_\_\_\_\_
3. In the 13-week period prior to the date of injury, was the employee paid premium pay or time-and-a-half pay? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If 'yes,' after how many hours? \_\_\_\_\_
4. Was the company's or department's work schedule for the employment at which the employee worked at the time of injury in effect for 13 or more weeks prior to the date of injury? \_\_\_\_\_ Yes \_\_\_\_\_ No

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.state.wi.us/wc/insurance/pending\\_rpts.htm](http://www.state.wi.us/wc/insurance/pending_rpts.htm).

**Wage Analyst**  
**(608)-266-3264**  
FWC45M (R. 09/2003)