

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/>
e-mail: dwdwc@dwd.state.wi.us

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 letter is to request that you immediately submit the Wage Information Supplement, form WKC-13-A, or if the information it is not available, an estimated date you expect to submit it.

Information received indicates that the wage is less than the maximum. This means that in addition to filing the Supplementary Report (WKC-13), you are required to submit wage information (WKC-13-A) – or the date you expect to submit a WKC-13-A – within 30 days of the date of accident or the beginning of a disability from an occupational disease.

Failure to submit the wage information required by form WKC-13-A (or to estimate its submission date) within 30 days may result in a \$100 forfeiture under s. 102.35(1), Wis. Stats.

To submit this report electronically, 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

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WC-45A (R. 11/2002)