

Department of Workforce Development
Division of 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

August 17, 2010

TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER ST
MADISON WI 53703

WC CLAIM NO: 8888-888888 IF YOU CALL OR WRITE US
INJURY DATE: 01/01/97 PLEASE USE WC CLAIM NO.
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE TESTER
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: Imnop

Send a list (or punch detail) of the number of hours the claimant worked during each of the 13 weeks prior to the week of injury. Hours paid in lieu of work, such as vacation, holiday, or personal time, should be included. Do not send earnings in lieu of hours.

For full time employees, attach the weekly list of hours or the punch detail to this letter and return.

For part time employees, if you are conceding an expansion to full time you may either:

Check here and return this letter or,

Use the e-mail reply feature on the Insurer's Pending Report system to inform us that you are conceding an expansion to full time.

http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm

If the employee is part time and you are *not* conceding an expansion to full time, attach the weekly list of hours or the punch detail to this letter and return.

The list of hours or punch detail cannot be sent via the pending report, but can be sent to the Fax Imaging Server at (608) 260-2503.

If we do not receive a reply within 30 days we will assume that the part time employee did not work a regular schedule as defined by s. 102.11(1)(am) 2 Wis. Stats.

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WC45L (R. 07/2010)