

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

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE
EMPLOYER: SAMPLE EMPLOYER
INSURER NO:

We are currently auditing the wage on this claim.

Our file does not indicate that we received Form WKC-13A from you. If you submitted it previously, please submit another copy; if you have not submitted one, please do so immediately.

Your failure to submit this required report within thirty (30) days will result in a \$100.00 forfeiture as authorized in sec. 102.35(1), Wis. Stats.

AU01 (R. 08/2001)