

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

In accordance with the Worker's Compensation order dated January 01, 2016, and affirmed by the Labor Industry Review Commission (LIRC) order dated January 01, 2016, please report to us the dates payments were made so we can determine if any LIRC interest is due.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL19A (R. 07/2003)

LastFirstALJintGL19A

Copy sent to:
ATTORNEY PETERSON LAW OFFICES
2411 S BROADWAY
MENOMONIE WI 54751

ATTORNEY WALTER D THUROW
PO BOX 188
RIO WI 53960