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

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US PLEASE USE WC CLAIM NO. INJURY DATE: 05/01/85

SAMPLE SIMPLES. SAMPLE EMPLOYEE: SAMPLE EMPLOYER INC EMPLOYER:

INSURER NO:

According to our records you submitted an incomplete Wage Information Supplement, WKC-13A or WKC-13A1. 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.

Gross earnings:

submitted on time.

1.	During the 52-week period prior to the date of injury, how many we work at the same type of employment that he or she performed at t	
2.	What were the total earnings during those weeks? (Include bonus exclude tips.)	or premium pay, but \$
3.	In the 13-week period prior to the date of injury, was the employee time-and-a-half pay?	paid premium pay or YesNo
	If 'Yes', after how many hours?	
4.	Was the company's or department's work schedule for the employer employee worked at the time of the injury in effect for 13 or more w injury?	
	ling to file this required report the Department is assessing you a \$1 ate of Wisconsin pursuant to s.102.35(1), Wis. Stats. <i>Please do not</i>	U

Department will record each surcharge you incur and invoice you annually for the total amount You may request a waiver of this surcharge within 45 days of the date of this letter. Please include any information that would show a mistake was made or that the report or expected date was

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.

To find out what other reports are overdue and avoid surcharges in the future, go to the Worker's Compensation web site's Insurers' Pending Reports at

https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm.

Department of Workforce Development Worker's Compensation Division WKC-17680-E (R.11/2022) SWC45M