

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  
INJURY DATE: 05/01/85 PLEASE USE WC CLAIM NO.  
EMPLOYEE: SAMPLE SIMPLES, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO:

This is a request for an overdue Supplementary Report, WKC-13.

We received a First Report of Injury, WKC-12, for this claim. We have not received a Supplementary Report, WKC-13. DWD 80.02(2)(b) requires that you submit a WKC13 to the Department before the 30<sup>th</sup> day following the date of injury shown above. Please use the Insurers' Pending Reports to submit a WKC-13 showing all dates of disability and all amounts paid to date.

For failing to file this required report the Department is assessing you a \$100 surcharge payable to the State of Wisconsin pursuant to s.102.35(1), Wis. Stats. **Please do not pay now.** The Department will record each surcharge you incur and invoice you annually for the total amount due.

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 was submitted on time.

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-13319-A-E (R.11/2014) SWC86G