

Jim Doyle
Governor

Roberta Gassman
Secretary

Frances Huntley-Cooper
Division Administrator



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION
201 East Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Imaging Server Fax: (608) 260-2503
Fax: (608) 267-0394
<http://www.dwd.state.wi.us/wc/>
e-mail: dwdwc@dwd.state.wi.us

October 6, 2003

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/98
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 094CBD6S8646

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

We received a Supplementary Report on Accidents and Industrial Diseases (WKC-13) for this temporary partial disability claim, but you failed to include a copy of your calculations worksheet. Please complete form WKC-7359, Temporary Partial Disability, and return it with an updated WKC-13.

Failure to respond to this notice within 30 days may result in a \$100 forfeiture, as authorized in s. 102.35(1), Wis. Stats.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-13053-E (N. 03/2002) GL05