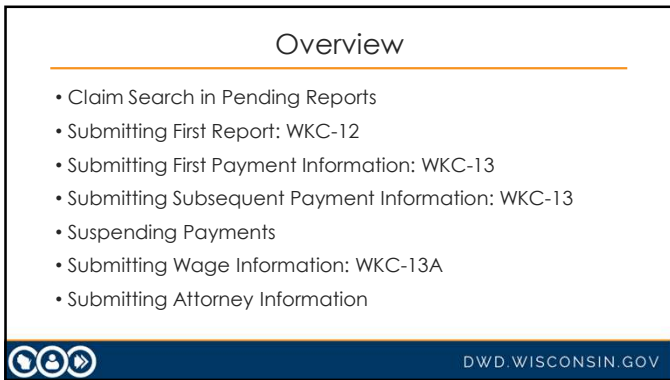
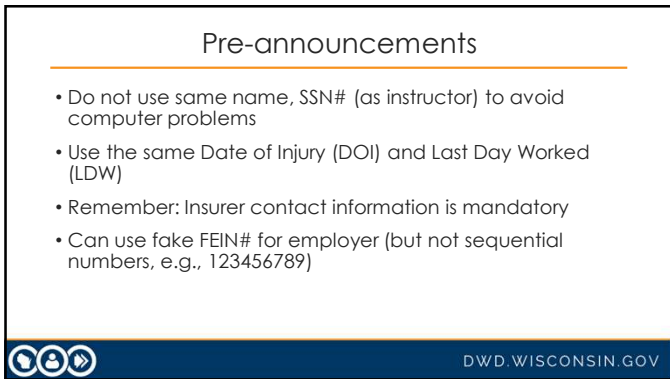




1



2



3

Search Claims Not Pending a Required Report

- FAQs on first page of Pending Reports
- Claim Search Function
 - Can search open, non-litigated (i.e., claim pending a required report), and claims that are closed, litigated, ready to close, and filing complete (i.e., claims not pending required report)



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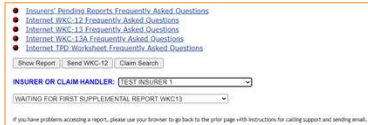
4

Pending Reports Search Screen

SEARCHING FOR A CLAIM IN THE PENDING REPORTS INTERNET APPLICATION

NOTE: The screen shots in this presentation will often be portions of the screen, rather than the whole screen

After successfully logging into the pending reports application, you will be taken to this screen →

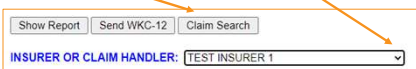


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Common Search Using Claim Search Button

- Two ways to search for claims
- Most common search method: **Claim Search function.**
- To access the Claim Search screen, on the "Insurer or Claim Handler" drop down menu, choose (as applicable) the correct carrier, TPA, or self-insured employer, then click on the Claim Search button.



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Claim Search Screen Options

1. Default search: **Claim pending required report**, i.e., claims that are open on our database and for which we are awaiting further information, or
2. Claim **not pending required report**, i.e., claims that are litigated, closed, or for which we are not awaiting further information

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name
 Search for: Claim pending required report Claim not pending required report
 (Closed, Filing Complete, Ready to Close, Litigated)
 You are currently searching for claims under ALL INSURERS
 Please enter 9 digit SSN Number:



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Claim Search Button

Four search parameters:

- SSN
 - WC Claim Number
 - Insurance Claim Number
 - Claimant Name
- Click the radio button for the parameter you want
 - Enter the necessary information
 - Click Search

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name
 Search for: Claim pending required report Claim not pending required report
 (Closed, Filing Complete, Ready to Close, Litigated)
 You are currently searching for claims under ALL INSURERS
 Please enter 9 digit SSN Number:



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Claim Search Button

- When searching for claims not pending a required report, options are:
 - o Closed
 - o Filing Complete
 - o Ready to Close
 - o Litigated
- Litigated claims: only the payments we have in the database can be viewed



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What If You Can't Find the Claim?

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name

Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 10 digit WC Claim Number:

No matches found

Please check your search criteria for accuracy, and/or make sure you have selected the correct insurance carrier, TPA, or self-insured employer from the Insurer or Claim Handler drop down menu.

You may also select the "Claims not pending report" radio button and then click the "Search" button in order to search through closed claims. Litigated claims and claims still open on our database yet for which we already have all required reports.

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What If You Can't Find the Claim?

Change your **Search For** parameter:

- Claim not found under Claim pending a required report?
- Search for claim under Claim **not** pending a required report.
-
- Still can't find claim and you report for more than one company?
- Go back to first screen and at the dropdown menu, choose a different carrier, TPA or self-insured employer from the "Insurer" or "Claim Handler," click Claim Search, and try again.

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Another Way to Search

- Go to the status list for the claim in question. (This works best if you know the status of the claim in our database.)
- On the "Insurer or Claim Handler" drop down menu, choose the correct carrier, TPA, or self-insured employer for the claim.
- Choose the correct claim status from drop down menu and click Show Report.

Status List →

Show Report
Send WKC-12
Claim Search

INSURER OR CLAIM HANDLER: TEST INSURER 1

WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13

WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13

WAITING FOR RESULTS OF INSURER INVESTIGATION

WAITING FOR LAST SUPPLEMENTAL REPORT WKC13

WAITING FOR FINAL MEDICAL REPORT

EXPECTING WAGE INFORMATION

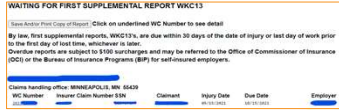
FATAL AND PERMANENT TOTAL DISABILITY

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Another Way to Search (cont.)

- You will be taken to the applicable status list. If the claim you're looking for is included in the list, click on WC Number to get the claim detail screen and submit information.



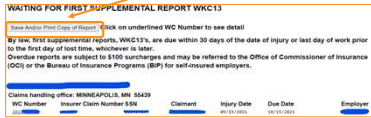
- If you still can't find the claim, click browser's Back button and search for the claim under a different status list.



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Another Way to Search (cont.)

- Note: if there are several claims in the status list, you can import the list into a spreadsheet. Click on "Save And/or Print Copy of Report" and follow the instructions found on the page that opens.



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Reviewing Payment Information

- Click on the claim's View Payments button if you want to look at the payment record for:
 - o Closed,
 - o Ready to close, or
 - o Filing complete claims
- You don't need to re-open or reset the claim status.



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Search Parameters – Claimant Name

- Select the Claimant Name radio button. You don't need to enter the claimant's complete name.
 - If you enter letter "D" in the last name field and click Search, all claims for claimants whose last name begins with "D" will appear!
- Click the browser's Back button until you return to the first page of the pending reports.



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Search Parameters (cont.)

- Click on a claim and you can run through the email reply feature, send WKC-13, send WKC-13A, and View Payments buttons.
- Click the Waiting for Final Medical Report button and show send medical information button.



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Search Parameters (cont.)

- View Open Correspondence icons
 - Any claim number with a document icon to its left has at least one piece of open correspondence.
 - Click on the WC claim number to reach the claim detail screen. See the View Open Correspondence button. For each viewable letter a status reason, in red, is listed.

| WC Number | Insurer | Claim Number | SSN | Claimant | Injury Date | Due Date | Employer |
|-----------|---------|--------------|-----|----------|-------------|------------|----------|
| 2027 | | | | | 07/13/2021 | 11/02/2021 | |
| 2027 | | | | | 10/04/2021 | 11/03/2021 | |
| 2021 | | | | | 04/27/2021 | 05/27/2021 | |



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Open Correspondence

Click on the View Open Correspondence Button.

E-mail Reply

Send WKC-13 Send WKC-13A View Payments **View Open Correspondence**

| | |
|-----------------------------|-------------------------------|
| WC Claim Number: [REDACTED] | Ins. Claim Number: [REDACTED] |
| Claimant Name: [REDACTED] | SSN: [REDACTED] |
| Injury Date: 04/27/2021 | Due Date: 05/27/2021 |


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Open Correspondence (cont.)

- On the next page, scroll down to Document Type and Description columns. Document Type is a hyperlink – click on it to open the document.
 - When the document is open, the screen will also display the buttons you need to respond to the correspondence.
 - The Back button returns to the View Open Correspondence screen.

Click on the Document Type link to view the document.

| Document Type | Description |
|---------------|---------------------------------------|
| SWC86G | SEND PAYMENT INFO-2ND REQ - SURCHARGE |


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Questions?


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Pending Reports: Submitting a WKC-12

- Log in to Pending Reports.
- Choose the appropriate carrier, TPA, or self-insured employer from the "Insurer or Claim Handler" drop down.
- Click the Send WKC-12 button – the form opens.

Insurers' Pending Reports Frequently Asked Questions
 Internet WKC-12 Frequently Asked Questions
 Internet WKC-13 Frequently Asked Questions
 Internet WKC-13A Frequently Asked Questions
 Internet TPD Worksheet Frequently Asked Questions

INSURER OR CLAIM HANDLER: TEST INSURER 3



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Notes for Completing the WKC-12

- Name fields do not need to be capitalized
- Pay attention: first name first, then last name
- SSN and Employer FEIN: just use numbers – no dashes
- All date fields:
 - No dashes, format is mm/dd/yyyy

Employee Name (First, Middle, Last): mickey mouse

Employee SSN: 526585985

Date of Birth (mm/dd/yyyy): 05051969



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More Number Formats

- Phone numbers: Straight 10-digit number: no dashes or parentheses. Must include area code.

Home Phone (999 999-9999): 6082660434

- Employer FEIN: Straight 9-digit number: no dash between the second and third digits.

Employer Name: jane's breakfast nook

Employer FEIN: 371562565

Address: 18 king st

- **NOTE:** If you make a mistake in the format of your entry, a help box will pop up



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Insurer, Claim Administrator, Claim Handling Address

- Be very careful if you report claims for a large TPA!
- Be sure to choose the correct carrier, claim administrator, and claim handling address from the drop-down menu!
 - Making a mistake on the WKC-12 will cause problems later when you can't find the claim in Pending Reports for future reporting!



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Death Claims

NOTE: if the injury is a fatality, DO NOT submit the First Report via the Pending Reports application.

Fax a copy of the paper WKC-12 to 608-267-0394.



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Cause and Nature of Injury; Part of Body

- Drop down menus for Cause of Injury, Nature of Injury, and Part of Body
- Each field determines the options available in the next field

| | |
|-------------------|--|
| Cause of Injury: | STRUCK OR INJURED BY FALLING OR FLYING OBJECT |
| Nature of Injury: | <input checked="" type="radio"/> Traumatic <input type="radio"/> Non-Traumatic WOUNDS, BRUISES AND BURNS |
| Part of Body: | LACERATION UPPER EXTREMITIES LOWER ARM |
| Side of body: | <input checked="" type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Both <input type="radio"/> Unknown |



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Injury Description

- You will also be required to enter a text injury description.
- Please be as concise and accurate as possible.

Injury Description: Please describe the cause of the injury sustained, and what activity the employee was doing. For example, "The employee was carrying roofing material up a ladder and slipped"


cleaning a table

Please describe the nature of the injury, side of body and body parts injured. For example, "Broke his left wrist, and dislocated his left shoulder".

laceration to left forearm

Please describe the objects or substances involved in the injury. For example, "Employee hit ladder during fall and landed on an asphalt driveway".

chandelier fell from ceiling and landed on left forearm


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Mandatory Information


You **must** report the **Insurer Claim Number** and **Insurer Contact**:

- Enter your internal claim number (if you have it)
- Enter the name, phone number, and email address of the adjuster who is handling the claim

Insurer Claim Number: 20212345678

Insurer Contact: Terry Adjuster **Phone (999 999-9999):** 999 123-6789

Insurer Contact Email: t.adjuster@claimsrus.com


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A Closer Look at the WKC-12 Screen

At the bottom, note three important buttons:

Help

Submit

Reset


Brings up helpful information and notes for completing the WKC-12

Sends your report to the WCD

Deletes all the information you just entered!

To change information in just one field, highlight the text and delete or key over it.

Click Submit to send your report to the WCD


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Successful Transmission of WKC-12

- Confirmation screen only appears if:
 1. All mandatory information has been entered,
 2. It is in the correct format, and
 3. It has been successfully sent to the WCD.
- For a paper copy of the WKC-12, click View Printable WKC-12 and print the page.



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Successful Transmission of WKC-12 (cont.)

Next options:

- Navigate back to confirmation screen: Back button at bottom of View Printable copy
- Submit first payment WKC-13 for this claim: Click Enter WKC-13
- Submit WKC-13A for this claim: Click Enter WKC-13-A
- Enter a WKC-12 for a different injured worker: Click Enter another WKC-12



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What If I Need to Change Information?

- If you find errors **before** submitting your report, highlight the error and delete it or highlight the error and key in the correct information.
- If you find errors **after** submitting your report, you need to wait until you submit the WKC-13 to correct them.
- **After** submitting the WKC-12, the layout information is lost.



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Submitting the First Payment WKC-13

- If you are ready to submit information about the first payment (WKC-13) right away, click on the claim you just entered and then click on the Send WKC-13 button.
- If you need to wait until after you have submitted the WKC-12 to submit the WKC-13, search in pending reports for the claim that needs the WKC-13, then click on the WC Number to access the claim detail screen.

Search For: All WC Claim Number Ins. Claim Number Claimant Name

Search For: All Claims pending required report Claims not pending required report (Check Help Center, Ready to Close, Logout)

You are currently searching for claims under ALL MEMBERS

Please enter 10 digit WC Claim Number:

| WC Number | WC Claim No. | Ins. | Claimant Name | Injury Date | Report Date | Report Status | Due Date | Payment |
|-----------|--------------|------|---------------|-------------|-------------|---------------|----------|---------|
| | | | | | | | | |

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Accessing the First Payment WKC-13

- Click on the Send WKC-13 button to access the screen to input the first payment WKC-13.

This claim requires a first WKC13 showing the first payment date and first payment amount.

WC Claim Number: 2019024149 Ins. Claim Number: [REDACTED]

Claimant Name: MCDUSE, MICKIEY SSN: [REDACTED]

Injury Date: 08/01/2019 Due Date: 08/31/2019

Send first WKC13 showing first payment amount and first payment date

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Changes You Can Make

Changes you can make without entering payment info:

- o Insurer claim number
- o Insurer contact information
- o Last day worked
- o Date of injury (+/- 6 days from date originally entered)
- o If change to date of injury is outside this parameter, use the Email Reply feature to contact WCD staff



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First Payment WKC-13 Claim Status

The Being Investigated radio button

- o Select the Being Investigated radio button and submit the form



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Claim Denials: No Payments Made

Denying the claim without making any payments

- o Select the Denied radio button
- o Answer YES or NO to the question "Has claimant been notified?"
- o Click Submit

NOTE: If claim is denied through Pending Reports, you **must** send WCD a copy of the denial letter because no payment information will be on the claim.



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No Lost Time without PPD

If the injured worker did not lose compensable time from work and there is **no** Permanent Partial Disability (PPD):

- o Click the No Lost Time radio button.
- o Enter the Return to Work date.
- o Click Submit.



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No Lost Time with PPD

If the injured worker did not lose compensable time from work and there **will be** PPD:

- o Use the email reply feature to notify us that there will be PPD even though there is no lost time.
- o **Do not** select the No Lost Time radio button.



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Questions?



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Hands on Training

- Enter date of first payment (mm/dd/yyyy):
 - Class must enter same date
 - Caveat: Date cannot be a date earlier than present date or today's date and cannot be more than 4 months in the future
- Using TTD (easiest) Select payment type from drop-down menu.
- Enter the amount of first payment (no dollar sign).
- Enter the weekly wage (no dollar sign) if it is not already present.
- Did you enter the insurer contact information on the WKC-12? If not, you must enter it now to be able to submit the WKC-13!
- Click Submit.



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First Payment Information – WKC-13

NOTE: If last day worked is wrong, enter correct date. Also, if applicable, select a late reason from the drop-down menu. If payment type is PPD, leave last day worked alone. The application will ignore last day worked when PPD payments are reported.

| | |
|--|---|
| Date of 1st Compensation Payment: (mm/dd/yyyy) | 08/15/2018 |
| Type: | TEMPORARY TOTAL DISABILITY 102.43 |
| Amount of 1st Payment: | 250.00 |
| Weekly Wage Used to set TTD Rate: | 450.00 |
| Last Day Worked: (mm/dd/yyyy) | 08/15/2018 |
| If 1st Payment was late (more than 14 days after injury date), please choose a reason: | |
| Does the employee work on Sunday?: | <input type="radio"/> Yes <input checked="" type="radio"/> No |



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Confirmation Screen

If all mandatory information in the correct format has been entered, the confirmation screen displays when the data has been successfully sent.



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Confirmation Screen (cont.)

- For a hard copy of your WKC-13 report, click on the View Printable WKC-13 form button to print page.
 - NOTE: When navigating back to the confirmation screen, use the Back button on the bottom of the View Printable WKC-13 screen.
- View Payments button: You will see claim's complete payment history, same as what you just submitted (this is the first payment report).

| | | | |
|-----------------|---------------|------------------|------------|
| WC Claim Number | 2019024144 | Ins Claim Number | 223456 |
| Employee Name | MOUSE, MICKEY | SSN | 08856823 |
| Injury Date | 08/01/2019 | Due Date | 07/21/2022 |
| Balance Due | 0.00 | | |

Your WKC13 has been successfully processed.
The claim status is now in Waiting for Final WKC13.

Do you want to enter more payment information for this claim, now?

Yes No

View Printable WKC13 form
View Payments
Send WKC13A



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Confirmation Screen (cont.)

- To continue to report payment information for this claim, select YES in response to the question on the screen. If you do not have more payment information to submit right now, select NO.
- To submit a WKC-13A for this claim, click the Send WKC-13A button.

| | | | |
|-----------------|---------------|------------------|------------|
| WC Claim Number | 2019024144 | Ins Claim Number | 223456 |
| Employee Name | MOUSE, MICKEY | SSN | 08856823 |
| Injury Date | 08/01/2019 | Due Date | 07/21/2022 |
| Balance Due | 0.00 | | |

Your WKC13 has been successfully processed.
The claim status is now in Waiting for Final WKC13.

Do you want to enter more payment information for this claim, now?

Yes No

View Printable WKC13 form
View Payments
Send WKC13A



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Subsequent WKC-13

- You do not need to send payment information if you are just changing the:
 - Injury date (but only to a date that is plus or minus six days from the displayed value and that does not come after the last day worked);
 - Last day worked;
 - Insurer claim number; or
 - Insurer contact information.
- Enter the new information and click Submit.



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Submitting a Subsequent WKC-13

NOTE: The screen shots below will often be portions of the screen, rather than the whole screen.

- Search pending reports for the claim that needs the subsequent payment WKC-13.
- When you find the claim, click on WC Number to access the claim detail screen.

| WC Number | Ins. Claim No. | SSN | Claimant Name | Injury Date | Current Status | Due Date | Empid |
|------------------------|----------------|----------|---------------|-------------|--|------------|--------|
| 223456 | 10000000 | 10000000 | HOUSE, MICKEY | 08/01/2019 | RECEIVING YOUR LAST SUPPLEMENTAL REPORT (WKC-13) | 07/21/2022 | 000001 |



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Accessing the Subsequent Payment WKC-13

Click on the Send WKC-13 to access the subsequent payment WKC-13.



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WKC-13A Expected Date

Still waiting for the wage information to submit the WKC-13A?

- Enter the date you expect to send this information.
- If you have already entered an expected date on the WKC-13 and it needs to be changed, enter the new date and click Submit.



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Final Medical Report Fields

Date Final Medical Report Anticipated

- Medical reports are due with the final WKC-13 (30 days) after final payment.
- If you know you will need to submit a final medical report but you do not have it yet, enter its expected date and click Submit.
- If you have already entered an expected date but need to change it, enter the new date and click Submit.



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Final Medical Report Fields (cont.)

Medical Report Comments

- Only enter useful comments in the Medical Report Comments field, such as: "Claimant was offered light duty and refused to work since then," "Have sent comparative X-rays," etc.
- Do not send redundant comments such as "The IME is the final med," "The med report is final," "We have closed this file," etc.



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Final Indemnity Payment Date

- If the claimant has RTW or has been released to RTW, or all PPD has been paid, enter the final payment date and use the drop-down menu to select the correct payment type.
- The question about return to work applies when the claimant has reached end of healing, permanent restrictions have been assigned, and there is no actual knowledge or documentation that the employer provided work paying at least 90% of the claimant's pre-injury wage. Select YES or NO as appropriate.

Final Indemnity Payment Date:

Type of Payment:

Has the worker returned to work paying at least 90% of the wage at the time of injury after having reached the end of healing? Yes No

(This question is only applicable if (1) the claimant has PPD for an unhealed injury or (2) there is more than 13 weeks total of disability.)



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Type of Payment and Last Day Worked

Type of Payment and Last Day Worked

- If there is an open period of temporary disability, these two protected fields will be pre-filled and **cannot** be changed via Pending Reports.
- Use Email Reply feature to request any needed changes or deletion of the period.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|-------------------------------|-----------------|--------------------------|--------------------------|-------------------|---|
| TEMPORARY TOTAL DISABILITY TD | 03/10/2016 | <input type="checkbox"/> | <input type="checkbox"/> | \$50.00 | <input type="radio"/> Withheld <input checked="" type="radio"/> Paid |



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Amount of Compensation Paid

Amount Comp. Paid:

- This field pre-fills with what has been previously reported. If the claimant is still off work on the same payment type, enter the new amount paid (no dollar sign) and click Submit.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|-------------------------------|-----------------|--------------------------|--------------------------|-------------------|---|
| TEMPORARY TOTAL DISABILITY TD | 03/10/2016 | <input type="checkbox"/> | <input type="checkbox"/> | \$50.00 | <input type="radio"/> Withheld <input checked="" type="radio"/> Paid |

NOTE: This is not a calculating field. Do not enter just the latest amount paid (or latest check amount) because it will **not** be added to what was previously entered. In this field you must enter the **total** amount paid to date, regardless of what was previously reported, for the period of disability in question.



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Reporting Amount Paid to Date When TD is Ongoing

The claimant is still off work without a change in disability type, but I want to report the total amount paid to date:

- Enter the total paid to date (not just the latest check amount) in the Amount Comp Paid field.
- Click Submit.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|-------------------------------|-----------------|--------------------------|--------------------------|-------------------|---|
| TEMPORARY TOTAL DISABILITY TD | 03/10/2016 | <input type="checkbox"/> | <input type="checkbox"/> | \$50.00 | <input type="radio"/> Withheld <input checked="" type="radio"/> Paid |



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Start to Submit Payment Information

- Enter a return to work (RTW) date, amount paid, new line of TTD, its last day worked (LDW), and its amount paid.
- Click Submit.
- At the confirmation screen, remember the View Printable button and the View Payments button.
- Select No to return to Pending Reports screen.
- Find the claim, click on it and click the View Payments button. Note down the dates and I will illustrate changing the RTW date, and the amount paid for the closed period of disability. Click on the Send WKC-13 button.



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Reporting All TD Paid after RTW

To report the RTW date, the total amount comp paid, and to indicate that the WKC-13 is final when the claimant has RTW at full duty:

- Enter the RTW date (in mm/dd/yyyy format),
- Total amount paid to date,
- Any other applicable information, and
- Click Submit.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|-------------------------------|-----------------|------------------|------------------------|-------------------|---|
| TEMPORARY TOTAL DISABILITY TD | 03/10/2006 | 04/11/2006 | | 600.00 | <input type="radio"/> Withheld <input checked="" type="radio"/> Paid |



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Claimant Receiving a Different Type of TD after RTW

When claimant is off work again on a different type of disability after returning to work:

- Enter the RTW date (in the mm/dd/yyyy format),
- Total amount paid to date for the first disability type, and
- On next open line choose new disability type from the drop-down menu,
- Enter the last day worked date and click Submit.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|-------------------------------|-----------------|------------------|------------------------|-------------------|---|
| TEMPORARY TOTAL DISABILITY TD | 03/10/2006 | 04/11/2006 | | 600.00 | <input type="radio"/> Withheld <input checked="" type="radio"/> Paid |
| REPAY CONTINUED + NON-LYTER | 03/10/2006 | | | | <input type="radio"/> Withheld <input checked="" type="radio"/> Paid |

NOTE: The system will automatically generate Amount Comp paid when Salary Continued is selected and return to work date is entered. For all other payment types, you must enter the Amount Comp Paid.



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Successful Submission on Confirmation Screen

- Confirmation screen displays when submission is successful.
- For a copy of the information just submitted, click View Printable button.

Your WKC13 has been successfully processed.
The claim status is now in Waiting for Final WKC13.

Do you want to enter more payment information for this claim, now?
 Yes No

[View Printable WKC13 form](#)
[View Payments](#)
[Send WKC13A](#)

NOTE: when navigating back to the confirmation screen, use the Back button on the bottom of the View Printable copy. To see complete payment record for claim, click View Payments. If you do not want to enter more payment information on this claim, select NO to the question on the screen.



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Changing RTW Date on Previously Reported Disability

To change RTW date on a previously reported period of disability:

- Go to View Payments screen to see the exact payment type and last day worked for the disability period in question. Note down this information and click Send WKC13.

Wage Reported: 450.00

Payments to Claims:

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Payment Calculated | Amount Comp. Paid | Attorney Fees |
|-----------------------------------|-----------------|------------------|------------------------|--------------------|-------------------|---------------|
| TEMPORARY TOTAL DISABILITY 102.43 | 03/10/2008 | | 0 | 950.00 | 950.00 | 0.00 |
| SALARY CONTINUED+SICK LV 102.43 | 04/07/2008 | | 0 | 0.00 | 0.00 | 0.00 |

Balance Due: 0.00



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Changing RTW Date on Previously Reported Disability

Disability periods with a RTW date do not pre-fill on WKC-13 screen.

- On the first open line, choose the new disability type from drop down menu.
- Enter last day worked for the disability period in question.
- Enter new RTW date and adjusted Amount Comp Paid (if applicable), and
- Click Submit.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|-----------------------------------|-----------------|------------------|------------------------|-------------------|--|
| SALARY CONTINUED - SICK LV 102.43 | 04/07/2008 | | | | <input type="radio"/> Withheld <input type="radio"/> Paid |
| TEMPORARY TOTAL DISABILITY 102.43 | 03/10/2008 | 04/05/2008 | | 1950.00 | <input type="radio"/> Withheld <input type="radio"/> Paid |

NOTE: If new RTW date overlaps any other existing last day worked on the claim, you will receive an Overlapping Date error. Use Email Reply to request a change to existing RTW date if necessary.



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Reporting PPD Payment

- On the first open line, choose correct type of PPD from the drop-down menu,
- Enter Amount Comp Paid and click Submit.
- Do not enter a last day worked or RTW date when reporting PPD payments.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|--------------------------------|-----------------|------------------|------------------------|-------------------|--|
| PPD SCHEDULED 102.52 - 53 - 55 | | | | 1500.00 | <input type="radio"/> Withheld <input type="radio"/> Paid |

NOTE: If the claimant has ratings for both PPD Scheduled and PPD Nonscheduled, PPD Nonscheduled takes priority. So, in this case all PPD payments should be reported as PPDNON.



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Why Is Payment Line on WKC-13 Screen Blank?

Previously reported PPD payments never pre-fill on the WKC-13 screen. On the first open line:

- Choose the correct type of PPD from drop down menu,
- Enter **total** Amount Comp Paid to date for PPD, and
- Click Submit.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|--------------------------------|-----------------|------------------|------------------------|-------------------|--|
| PPD SCHEDULED 102.52 - 53 - 55 | | | | 3000.00 | <input type="radio"/> Withheld <input type="radio"/> Paid |



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Report Previous Payment of Balance Due

To report the balance due that has been paid:

- Go to View Payments screen for the claim,
- Note down payment type, LDW, and RTW dates for underpaid period, and
- Click Send WKC13.

| Wage Reported | | 450.00 | | | | |
|-----------------------------------|-----------------|------------------|------------------------|---------------------|-------------------|---------------|
| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Payment Calculated | Amount Comp. Paid | Attorney Fees |
| TEMPORARY TOTAL DISABILITY 102.43 | 03/10/2006 | 04/03/2006 | 0 | 950.00 | 750.00 | 0.00 |
| | | | | Balance Due: | 200.00 | |



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Report Balance Due That Has Been Paid

Disability periods with a RTW date, even if there is a balance due, do not pre-fill on the WKC-13 screen.

- On first open line, choose disability type from drop down menu,
- Enter exact last day worked and RTW dates for underpaid period of disability,
- Enter the **total** Amount Comp Paid and click Submit.

| Type of Payment | Last Day Worked | Returned to Work | Employer Paid Holidays | Amount Comp. Paid | Attorney Fees |
|-------------------------------|-----------------|------------------|------------------------|-------------------|--|
| TEMPORARY TOTAL DISABILITY 10 | 12/16/2008 | 04/13/2009 | | 950 | <input type="radio"/> Withheld <input type="radio"/> Paid |

NOTE: Amount Comp Paid in this case is the total paid: the amount previously paid plus the balance due.



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Successfully Submitting Payment Information

Successful submission opens the confirmation screen:

- For a copy of information just submitted, click View Printable button.
- To see complete payment record for claim, click View Payments button.

Your WKC13 has been successfully processed.
 The claim status is now in Waiting for Final WKC13.
 Do you want to enter more payment information for this claim, now?

Yes No

[View Printable WKC13 form](#)
[View Payments](#)
[Send WKC13A](#)

NOTE: When navigating back to the confirmation screen, use the Back button on the bottom of the View Printable copy.



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Successfully Submitting Payment Information (cont.)

IMPORTANT: If the WKC-13 you just submitted is final, select NO for the "Will there be more Temporary...?" question and the claim status will be recalculated.

- If temporary disability benefits paid are for more than three weeks, the claim will move to Waiting for Final Medical Report status if we do not already have a final medical report.
- If temporary disability benefits paid are for three weeks or less, the claim will close as paid in full or, if we do not have a WKC-13A or if there is an open wage investigation, will move to Expected Wage Information status.



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Note: About WKC-13s

- Last Day Worked and Payment Type are protected fields. You cannot change them via Pending Reports!
- Deleting an entire period of disability cannot be done via Pending Reports!
- In each of these situations, you must contact the WCD and request that we make these changes.



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Additional Points to Remember

Help and Reset Buttons

- The Help button provides answers to FAQ's when submitting WKC-13s on the Internet.
- **Remember:** Reset button will remove **all** information submitted on the form, so consider highlighting and deleting information or back spacing information submitted in error.



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Supplement WKC-13: Wrap-up Comments

- Only need to re-enter past payment information for closed periods of disability if you are revising information for one of those periods.
- Claim information you can change via Pending Reports from the subsequent WKC-13 screen:
 - Date of injury (plus or minus six (6) days from the original date).



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Supplement WKC-13: Wrap-up Comments (cont.)

Changes you can make without contacting WCD

- Insurer Claim number,
- Final Medical Report and WKC-13A expected dates,
- RTW Date (as long as there is no overlap with any other existing period of disability),
- The amount paid,
- The TPD Worksheet detail, and
- Insurer contact information.



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Supplement WKC-13: Wrap-up Comments (cont.)

You must contact the WCD via email reply or phone to change the following claim information:

- Payment Type
- Last Day Worked
- Deletion of entire payment line



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Questions?



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Suspending Payments - Claim Status

If you are suspending payments because:

- There is no current medical report, or
- The claimant is not following doctor's orders,
 1. Select the Suspended box,
 2. Answer the "Has claimant been notified?" question either YES or NO,
 3. Click Submit, and
 4. Fax a copy of the suspension letter to WCD at 608-260-2503.



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Other Remarks

Other Remarks box

- Enter useful comments such as "Paying child support" or "Taking 15% reduction in disability benefits for claimant's safety violation"
- Do not enter redundant remarks like "RTW full wages," "Still off work," "TPD worksheet completed," etc.



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Questions?



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Submitting a WKC-13A

General Comments

- Please wait until you obtain complete and accurate wage information before submitting a WKC-13A.
- The Exceptional Employment chart (accessible via the WKC-13A help screen) will show you who is automatically part of class.
- Check this as applicable, as it may save you the hassle of getting part of class information if you do not need to do so.



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Submit WKC-13A Supplemental Wage

Note: The screen shots below will often be portions of the screen, rather than the whole screen.

- Locate the claim on the pending reports for which you need to submit the WKC-13A.
- When you find the claim, click on WC Number to access claim detail screen.

Search By: SSN WC Claim Number Ins. Claim Number Claimant Name
 Claim pending required report Claim not pending required report
(Check Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL REQUIRERS

Please enter 10 digit WC Claim Number:

| WC Number | Ins. Claim No. | SSN | Claimant Name | Injury Date | Original Status | Due Date | Due Date |
|-----------|----------------|------------|---------------|-------------|----------------------------------|------------|------------|
| 000000 | 000000 | 0000000000 | MOUSE, MICKEY | 08/01/2019 | PENDING FOR SUPPLEMENTAL WKC-13A | 07/21/2022 | 07/21/2022 |



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Click Send WKC-13A Button

Click Send WKC-13A button to access WKC-13A.

WC Claim Number: 2019024144 Ins. Claim Number: 223456
 Claimant Name: MOUSE, MICKEY SSN: 88856823
 Injury Date: 08/01/2019 Due Date: 07/21/2022



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Highlights: WKC-13A

- Occupation:** Pre-fills from First Report of Injury.
- Date of Birth (mm/dd/yyyy):** Pre-fills from First Report of Injury. If not previously reported or reported incorrectly, enter or change it here.
- Is the claimant an agricultural employee?** Default response is NO. If claimant qualifies as an agricultural worker (see 102.04(3), Wis. Stats.) select YES.

| | |
|--------------------------------|---------------------------------------|
| WKC Claim Number 2019024144 | Ins Claim Number 233456 |
| Employee Name JOSIE, JOCKEY | Insurer TEST INSURER 1 |
| SSN 88050823 | Claim Handling Name TEST INSURER 1 |
| Injury Date 05/01/2019 | Employer DISNEY |

SECTION 0 - GENERAL INFORMATION

1. Occupation:

2. Date of Birth (mm/dd/yyyy): Yes No

3. Is the claimant an agricultural employee? Yes No

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Highlights: WKC-13A (cont.)

- Hourly/Weekly/Monthly Rate:** Click radio button for applicable rate of pay. Enter amount (no dollar sign) but do not include a shift differential. Use Weekly or Monthly rates only for employees not paid by an hourly rate. Do not enter a rate if the employee is paid by commission, mileage, piece rate only, or some other method.
- Pay Included Tips:** If not already done in Rate section, enter amount of Base Hourly Rate and then enter the amount of weekly tip average. No dollar signs needed.

SECTION 1 - PAY INFORMATION
If the Claimant is Paid Solely by Commission, Mileage, or Some Other Method, Where Scheduled Hours Are Not Used, Skip Question 1 in Section 1 and Go On To Answer Any of Questions 2 Through 4 That May Apply.

1. Hourly Rate Weekly Rate Monthly Rate

Note: One Of The Following May Also Apply.

2. Pay Included Tips:
Base Hourly Rate:
Average Tip Per Week:

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Highlights: WKC-13A (cont.)

- Paid by Piece Rate:** Total hours worked and total wages earned are prior to the week of injury. Do not include overtime hours or overtime pay. The latter will be included in the gross wages.
- Wages Included Differential:** Enter differential paid per hour, if applicable.

3. Paid By Piece Rate:
Enter The Total Hours Worked And Wages Earned In The 52 Week Period Prior To The Injury (Excluding Overtime Hours).
Hours:
Wages:

4. Wages Included Differential:
If The Claimant's Hourly Wages Included Differential Per Hour At The Time Of Day When The Injury Occurred, Enter Differential Per Hour:

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Highlights: WKC-13A (cont.)

- **Exceptional Basis of Pay and Wage Comments:** Make the appropriate choice from the drop-down menu in 5A. If you select "other," you must fill in the description of the type of employment in 5B, Basis of Pay/Wage Comments. Use this field to send additional pertinent wage information. Wage presentation will include further detail.

5. Exceptional Basis Of Pay:

A. Exceptional Basis Of Pay For Special Types Of Employment:

B. Basis Of Pay/Wage Comments:



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Highlights: WKC-13A (cont.)

- **Seasonal Employee:** The number of weeks worked for a seasonal employee cannot exceed 14. "Seasonal Employment" refers primarily to workers in the canning industry, Christmas tree harvesters, ice harvesters, etc.

6. Seasonal Employee:

If The Claimant's Occupation Is Seasonal, Enter Number Of Weeks In The Season (Whole Number):



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Highlights: WKC-13A (cont.)

- **Gross Wages:** Enter total taxable income for the 52 calendar weeks (or less if employed for less than 52 weeks) prior to week of injury. Include overtime, holiday/vacation/sick/personal pay, incentive pay, commissions and bonuses. Do not include unemployment or worker's compensation benefits (TTD and/or TPD), short-or long-term disability or unpaid leave, such as FMLA.

SECTION 2. GROSS WAGES

1. Gross Taxable Wages In A 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury And Tips.
Include Annual Commission, Overtime, And Bonuses.

2. Number Of Weeks Worked In 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury In The Number Of Weeks.

3. Date of Hire (mm/dd/yyyy):



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Highlights: WKC-13A (cont.)

- **Number of Weeks Worked:** Enter the number of weeks employee worked prior to week of injury (partial week counts as a full week.) If employee is injured during first week of hire enter 1 for weeks worked. Include weeks when employee was paid vacation, sick leave, personal leave, or other employer paid time. Do not count weeks where employee was receiving unemployment or worker's compensation benefits (TTD and/or TPD, short-or long-term disability or unpaid leave such as FMLA).

SECTION 2. GROSS WAGES

1. Gross Taxable Wages In A 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury And Tips.
Include Annual Commission, Overtime, And Bonuses.

2. Number Of Weeks Worked In 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury In The Number Of Weeks.

3. Date of Hire (mm/dd/yyyy):



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Highlights: WKC-13A (cont.)

- **Date of Hire:** If there are multiple periods of employment, use most recent date hired by the employer of injury. The date entered must be in correct mm/dd/yyyy format. The gray button to the right of the field will display a calendar. Select the correct date from the calendar and the date will auto-fill in the field.

SECTION 2. GROSS WAGES

1. Gross Taxable Wages In A 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury And Tips.
Include Annual Commission, Overtime, And Bonuses.

2. Number Of Weeks Worked In 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury In The Number Of Weeks.

3. Date of Hire (mm/dd/yyyy):



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Highlights: WKC-13A (cont.)

- **Free Meals and Daily Room:** Enter the number of these, per week, provided to employee.
- **Other Additions:** If other items of additional compensation, enter description in 3.A and their weekly monetary value in 3.B.
- **Did Claimant Continue:** Make sure to click on the YES or NO radio button as applicable.

SECTION 3. ADDITIONS TO CASH WAGE

1. Free Meals: Enter Number Of Meals Per Week.

2. Daily Room: Enter Number Of Days Per Week.

3. Other Additions To Cash Wage:

A. Enter Description Of Item (e.g. Fuel, Electricity, etc.):

B. Enter Weekly Value Amount:

4. Did Claimant Continue To Receive Additions To Cash Wage During The Healing Period? Yes No



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Highlights: WKC-13A (cont.)

- **Normal Full Time Hours:** Enter number of normally scheduled hours, including number of hours paid at either time and a half or double time.
- **Regular Alternating Weekly Basis:** Enter number of scheduled hours for both the first and second weeks in the alternating schedule.
- **Time and a Half Pay:** Enter number of hours worked before time and a half is paid, if applicable.

SECTION 4. SCHEDULED HOURS AND OVERTIME INFORMATION

1. Normal Full Time Hours Scheduled To The Employer For This Type Of Work:

2. Employer-Scheduled Overtime To Work On Regular Alternating Weekly Basis. Enter The Number Of Hours For The Regular Alternating Full Time Schedule Alternating Schedule Week One:

Alternating Schedule Week Two:

3. Time And A Half Pay:

If The Employer Paid Time And A Half:

Enter The Number Of Hours Worked Before Time And A Half Was Paid:



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Highlights: WKC-13A (cont.)

- **Double Time Pay:** Enter the number of hours worked before double time is paid, if applicable.
- **Scheduled to Work Full Time:** You must click on the YES or NO radio button as applicable. If you select NO, you must fill out the applicable questions in Section 5.

4. Double Time Pay:

If The Employer Paid Double Time, Enter The Number Of Hours Worked Before Double Time Was Paid:

5. Was Claimant Scheduled To Work Full Time In This Job Each Week? Yes No

If Yes, Part Of Class Information Completed In Section 5 Will NOT Be Saved.

If No, Complete Part Of Class Information In Section 5 Below.



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Submitting Attorney Information

Note: The screen shots below will often be portions of the screen, rather than the whole screen.

To add an attorney to the claim:

- Locate the claim on Pending Reports.
- When you find the claim, click on the WC number to access claim detail screen.

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name

Search for: Claim pending required report Claim not pending required report (Closed, Final Complete, Ready for Class, Disputed)

You are currently searching for claims under ALL INSURERS

Please enter 10 digit WC Claim Number:

| WC Number/Ins. Claim No. | SSN | Claimant Name | Employer Name | Current Status | File Type | Employer |
|--------------------------|-----|---------------|---------------|----------------|--|--------------|
| 1000000000 | | BOBSE WICKET | BOBSE WICKET | RECEIVED | EMPLOYER FOR FIRST SUPPLEMENTAL REPORT (WKC) | BOBSE WICKET |



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Submitting Attorney Information (cont.)

Click on Send WKC-13 to access subsequent payment WKC-13. The Attorney Info button is located on this screen.

E-mail Reply

Send WKC-13 Send WKC-13A View Payments

| | |
|------------------------------|---------------------------|
| WC Claim Number: 2019024144 | Inc. Claim Number: 223456 |
| Claimant Name: MOUSE, MICKEY | SSN: 888554823 |
| Injury Date: 08/01/2019 | Due Date: 07/21/2022 |

Send a WKC13 showing all dates of disability and all arns paid to date
 Send WKC13A by 09/15/2019
 Received a NOT FINAL WKC13 as of 11/10/2021
 Return to Work date is missing for payment TTD for period starting 08/01/2019



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Submitting Attorney Information (cont.)

If no attorney is assigned to the claim, the bottom of the screen will have the message "No attorneys are currently assigned to this claim." To add an attorney, you must first search the WCD database. This search must be done for each attorney you wish to add.

If there are any attorneys currently assigned to the claim you will find them listed at the bottom of the page. If you need to update information for the existing attorney (or attorneys), click on the attorney's name, make the necessary corrections and click the Update button.

Before adding a new attorney to the claim, you must first perform a search to see if the attorney information already exists. Enter either the first, last or firm name, or any combination thereof, and click the Search button. If no results are returned, enter the attorney information and click the Add to Claim button.

| | |
|------------------------------|-------------------------|
| WC Claim Number: 2019024144 | Inc Claim Number: 12345 |
| Employee Name: MOUSE, MICKEY | SSN: 43949578 |
| Injury Date: 08/01/2019 | Employer: DISNEY |

Attorney Name (First, Middle, Last):

Firm Name:

Search by First, Last, Firm name

Attorney Agent Type:

Address:

City, State, Zip:

Phone (999-999-9999): Extension:



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Submitting Attorney Information (cont.)

You can search by first name, last name, firm name, or any combination thereof.

Capitalization is not necessary. After entering your search criteria, click on the Search button.

If there are any attorneys currently assigned to the claim you will find them listed at the bottom of the page. If you need to update information for the existing attorney (or attorneys), click on the attorney's name, make the necessary corrections and click the Update button.

Before adding a new attorney to the claim, you must first perform a search to see if the attorney information already exists. Enter either the first, last or firm name, or any combination thereof, and click the Search button. If no results are returned, enter the attorney information and click the Add to Claim button.

| | |
|------------------------------|-------------------------|
| WC Claim Number: 2019024144 | Inc Claim Number: 12345 |
| Employee Name: MOUSE, MICKEY | SSN: 43949578 |
| Injury Date: 08/01/2019 | Employer: DISNEY |

Attorney Name (First, Middle, Last):

Firm Name:

Search by First, Last, Firm name

Attorney Agent Type:

Address:

City, State, Zip:

Phone (999-999-9999): Extension:



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Attorney Search

If your search was successful, a text message reading "Select an attorney to assign to this claim:" will appear at the bottom of the screen, followed by a list of attorneys including their name, firm name, address, city, state, and zip.

| Select an attorney to assign to this claim: | | |
|---|-------------------------------------|---|
| Attorney Name | Firm Name | City, State, Zip |
| BAFFA, DAVID | SEYFARTH SHAW FAIRWEATHER GERALDSON | 55 E MONROE ST STE #4200 CHICAGO, IL 60603-5803 |
| BLANC, RET. DAVID | FIRST, BLONDIS, ALBRECHT | 158 N BROADWAY #600 MILWAUKEE, WI 53202 |
| BARRON, DAVID | ALANIZ AND SCHRAEDER, L.L.P. | 16010 BARKERS POINT STE 500 HOUSTON, TX 77079 |
| BARTZ, DAVID | BARTZ, DAVID J | 111 KING ST SUITE 34 MADISON, WI 53703 |



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Adding an Attorney

- Click on the attorney's name to add an attorney returned by the search, and all required fields will automatically populate.
- Click the ADD to Claim button to assign the attorney to the claim.

| | | | |
|--|--|------------------|----------------------|
| WC Claim Number | 2019021415 | Ins Claim Number | 12345 |
| Employee Name | MCDISE, MICKEY | SSN | 419149378 |
| Injury Date | 08/01/2019 | Employer | DISNEY |
| Attorney Name (First, Middle, Last) | DAVID (S) BAFFA | | |
| Firm Name: | SEYFARTH SHAW FAIRWEATHER GERALDSON <input type="text"/> Search by First, Last, Firm name | | |
| Attorney Agent Type: | ATTORNEY | | |
| Address: | <input type="text"/> | | |
| City, State, Zip: | CHICAGO | Illinois | 60603-5803 |
| Phone (999 999-9999): | (312) 246-8993 | Extension: | <input type="text"/> |
| <input type="button" value="Map"/> <input type="button" value="ADD TO CLAIM"/> <input type="button" value="Reset"/> <input type="button" value="Return to WIND-13"/> | | | |



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Successful Attorney Addition

If the transmission is successful, the fields on the screen will go blank and on the bottom of the screen the text, "Attorneys already assigned to this claim:" will appear with the just-added attorney information under it. You can assign as many attorneys as necessary by repeating the process described above.

| Attorneys already assigned to this claim: | | |
|---|------------------|---|
| Attorney Name | Firm Name | City, State, Zip |
| DOMER, THOMAS | DOMER LAW OFFICE | 3970 N OAKLAND AVE #201 MILWAUKEE, WI 53211 |



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Unsuccessful Attorney Search

If your search for an attorney was unsuccessful, then the message "No attorneys were found which match search criteria" will be displayed at the bottom of the screen.

No attorneys were found which match search criteria

If the search was unsuccessful (or the attorney for whom you are looking is not among those returned), enter the information in the requisite fields. Click the ADD to Claim button to assign the attorney to the claim.

Attorney Name (First, Middle, Last) (optional)

Firm Name: (optional)

Attorney Agent Type: (optional)

Address:

City, State, Zip: (optional)

Phone (with area code): (optional)

Extension: (optional)



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Changing Attorney Information

To change attorney information:

- Find the claim on the pending reports for which you need to submit attorney information.
- Click on the WC Number to access the claim detail screen.
- Click on the Send WKC-13 button to access the subsequent payment WKC-13 screen. Attorney Info button is on this screen.
- Scroll down to Attorney Info button and click on it access the attorney information page.



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Changing Attorney Information (cont.)

- Scroll to the bottom of the screen to find the attorney whose information you need to update.
- Click on attorney's name.

Attorneys already assigned to this claim:

| Attorney Name | Firm Name | Address | City, State, Zip |
|---|-------------------|-------------------------|---------------------|
| <input type="button" value="DORSEY, THORNTON"/> | DORSEY LAW OFFICE | 3970 W CARLAND AVE #201 | MILWAUKEE, WI 53211 |
| <input type="button" value="GULLIVERS LLP"/> | GULLIVERS LLP | 123 KING ST | MADISON, WI 53707 |

The attorney's information will auto-fill the requisite fields and the Add to Claim button will become an Update button. Enter the updated information and click the Update button (see next slide).



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Changing Attorney Information (cont.)

WC Claim Number: 2019024144 Inr Claim Number: 223456
 Employee Name: JACUSE, MICKEY SSN: 888556823
 Injury Date: 08/01/2019 Employer: DISNEY

Attorney Name (First, Middle, Last): THOMAS DOMER
 Firm Name: DOMER LAW OFFICE
 [Search] Search by First, Last, Firm name

Attorney Agent Type: ATTORNEY
 Address: 3970 N OAKLAND AVE #201
 City, State, Zip: MILWAUKEE Wisconsin 53211
 Phone (999 999-9999): (414) 967-5658 Extension: 527

[THIS](#) [UPDATE](#) [Cancel](#) [Return to WRC-13](#)

Attorneys already assigned to this claim:

| Attorney Name | Firm Name | Address | City, State, Zip |
|------------------|------------------|-------------------------|---------------------|
| DOMER, THOMAS | DOMER LAW OFFICE | 3970 N OAKLAND AVE #201 | MILWAUKEE, WI 53211 |
| SWIET, JOHNATHAN | GULLIVERS LLP | 123 KING ST | MADISON, WI 53707 |

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Changing Attorney Information (cont.)

The following changes cannot be made via the Pending Reports application. Please use the email reply feature or call the WCD (608-266-1340) and request these changes.

- Removing an attorney who was added to a claim by mistake.
- Correcting Attorney Fee withheld.

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Questions?

Rod Gennrich
608-266-5523
Rodney.Gennrich@dwd.wisconsin.gov

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