

DWD/DWS/Wausau Insurance Worker's Compensation Coverage

Receipt Form

The W-2 Agency declines the opportunity to participate in the State's contract with Wausau Insurance for the Worker's Compensation program. The coverage for Worker's Compensation for these participants (Community Service Jobs, Transitional Placements components and FSET participants) is the responsibility of the W-2 Agency. Please complete this form with the necessary information and signatures.

W-2 Agency Name

Address and telephone number: _____

W-2 Agency Authorized Representative (signature)

Date

(name printed)