

Instructions: Complete page 1 if you are applying for DWD/DWS Worker's Compensation coverage. Complete page 2 if you are not applying for DWD/DWS Worker's Compensation coverage. Return the appropriate completed form with your signed W-2 Contract.

Attachment B, page 1
Worker's Compensation
Application

DWD/DWS Worker's Compensation Coverage Application

The W-2 Contract Agency requests to participate in the DWD/DWS Worker's Compensation Statewide Program that covers Worker's Compensation liability for W-2 participants in a Community Service Job (CSJ), a W-2 Transitional Placement (W-2T) and/or FSET participants engaged in work activities. Currently DWS contracts with Wausau Signature Agency (WSA), a member of Wausau Insurance Companies, for the services included in this Application.

W-2 Contract Agency Name (applicant) _____

For geographic area(s): _____

For Milwaukee only - agency type _____

W-2 Contract Agency contact person for Worker's Compensation issues: name, address, telephone number, fax number and email address: _____

W-2 Contract Agency Authorized Representative (signature) _____ Date _____

(name printed)

DWD/DWS Contacts: Kelly Millard (608-266-5762) or Nancy Eilks (608-267-2985)

Note: By submitting this Application, your agency is authorizing DWS to directly charge Worker's Compensation premiums as an expense to your W-2 Contract.