**2024 DCF / DFES Worker’s Compensation (Declines Coverage)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The W-2 Contractor declines the opportunity to participate in the DCF / DFES Worker’s Compensation Statewide Program. | | | | | | | |
| W-2 Contractor Business Name | | | | | | | |
| Check the appropriate counties: | | | | | | | |
| Adams  Ashland  Barron  Bayfield  Brown  Buffalo  Burnett  Calumet  Chippewa  Clark  Columbia  Crawford  Dane  Dodge  Door | Douglas  Dunn  Eau Claire  Florence  Fond du Lac  Forest  Grant  Green  Green Lake  Iowa  Iron  Jackson  Jefferson  Juneau  Kenosha | Kewaunee  La Crosse  Lafayette  Langlade  Lincoln  Manitowoc  Marathon  Marinette  Marquette  Menominee  Milwaukee  Monroe  Oconto  Oneida  Outagamie | Ozaukee  Pepin  Pierce  Polk  Portage  Price  Racine  Richland  Rock  Rusk  Sauk  Sawyer  Shawano  Sheboygan  St. Croix | | | | Taylor  Trempealeau  Vernon  Vilas  Walworth  Washburn  Washington  Waukesha  Waupaca  Waushara  Winnebago  Wood |
| **STATEMENT OF WORKER’S COMPENSATION COVERAGE**  Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. | | | | | | | |
| The W-2 Contractor has obtained the required WC coverage from a source other than DCF / DFES. The insurance company, policy number and dates of coverage are as follows: | | | | | | | |
| Insurance Company Name | | | | | | | |
| Policy Number | | | | | | | |
| Dates of Coverage | | | | | | | |
|  | | | |  |  | | |
| **SIGNATURE** – W-2 Contractor Authorized Representative | | | |  | | Date Signed | |
|  | | | | | | | |
| Printed Name – W-2 Contractor Authorized Representative | | | |  | | | |
| **DCF / DFES WC CONTACT:**  Performance Contract Manager, Bureau of Working Families  1681 Second Ave. South  Wisconsin Rapids, WI 54495  Telephone: 608-422-6284  Email: [dcfdfesbwfcontracts@wisconsin.gov](mailto:dcfdfesbwfcontracts@wisconsin.gov) | | | | | | | |