

2018 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. Please provide a copy of the insurance policy with this form.

Business Name – W-2 Contractor

Check the appropriate counties:

- | | | | | |
|-----------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Douglas | <input type="checkbox"/> Kewaunee | <input type="checkbox"/> Ozaukee | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Ashland | <input type="checkbox"/> Dunn | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Pepin | <input type="checkbox"/> Trempealeau |
| <input type="checkbox"/> Barron | <input type="checkbox"/> Eau Claire | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Pierce | <input type="checkbox"/> Vernon |
| <input type="checkbox"/> Bayfield | <input type="checkbox"/> Florence | <input type="checkbox"/> Langlade | <input type="checkbox"/> Polk | <input type="checkbox"/> Vilas |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Fond du Lac | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Portage | <input type="checkbox"/> Walworth |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Forest | <input type="checkbox"/> Manitowoc | <input type="checkbox"/> Price | <input type="checkbox"/> Washburn |
| <input type="checkbox"/> Burnett | <input type="checkbox"/> Grant | <input type="checkbox"/> Marathon | <input type="checkbox"/> Racine | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Calumet | <input type="checkbox"/> Green | <input type="checkbox"/> Marinette | <input type="checkbox"/> Richland | <input type="checkbox"/> Waukesha |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Green Lake | <input type="checkbox"/> Marquette | <input type="checkbox"/> Rock | <input type="checkbox"/> Waupaca |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Iowa | <input type="checkbox"/> Menominee | <input type="checkbox"/> Rusk | <input type="checkbox"/> Waushara |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Iron | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Sauk | <input type="checkbox"/> Winnebago |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Jackson | <input type="checkbox"/> Monroe | <input type="checkbox"/> Sawyer | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Dane | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Oconto | <input type="checkbox"/> Shawano | |
| <input type="checkbox"/> Dodge | <input type="checkbox"/> Juneau | <input type="checkbox"/> Oneida | <input type="checkbox"/> Sheboygan | |
| <input type="checkbox"/> Door | <input type="checkbox"/> Kenosha | <input type="checkbox"/> Outagamie | <input type="checkbox"/> St. Croix | |

STATEMENT OF WORKER'S COMPENSATION COVERAGE

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:

Name – Insurance Company

Policy Number

Dates of Coverage

SIGNATURE – W-2 Contractor Authorized Representative

Date Signed

Printed Name – W-2 Contractor Authorized Representative

DCF / DFES WC CONTACT:

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