

**2020 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.

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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Email: [VictoriaM.Stolen@wisconsin.gov](mailto:VictoriaM.Stolen@wisconsin.gov)