2026 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.

1 Togram.				
W-2 Contractor Business Name				
Check the appropriate		□ <i>V</i>	□ 0l	□ Taulan
Adams	☐ Douglas	☐ Kewaunee	☐ Ozaukee	☐ Taylor
☐ Ashland	☐ Dunn	La Crosse	☐ Pepin	☐ Trempealeau
☐ Barron	☐ Eau Claire	Lafayette	☐ Pierce	☐ Vernon
☐ Bayfield ☐ Brown	☐ Florence ☐ Fond du Lac	Langlade	Polk	☐ Vilas
☐ Buffalo	=	☐ Lincoln ☐ Manitowoc	☐ Portage ☐ Price	☐ Walworth ☐ Washburn
☐ Burnett	☐ Forest☐ Grant	☐ Marathon	☐ Racine	☐ Washington
Calumet	Green	☐ Marinette	☐ Richland	☐ Washington
☐ Chippewa	Green Lake	☐ Marquette	Rock	☐ Waupaca
☐ Clark	☐ lowa	☐ Menominee	Rusk	☐ Waushara
☐ Columbia	☐ Iron	☐ Milwaukee	☐ Rusk	☐ Wadshara
☐ Crawford	☐ Jackson	☐ Monroe	☐ Sawyer	☐ Wood
☐ Dane	☐ Jefferson	☐ Oconto	☐ Shawano	
Dodge	Juneau	☐ Oneida	☐ Sheboygan	
Door	☐ Kenosha	☐ Outagamie	St. Croix	
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 Cor	ntractor Authorized Repre	 Date Signed		
The solution of the solution o			Date digited	
Printed Name - W-2 Contractor Authorized Representative				
. Thites that is the contractor hadronzed representative				
DCF / DFES WC CONTACT:				
Performance Contract Manager, Bureau of Working Families				
2187 North Stevens St				

Suite C

Rhinelander, WI 54501 Telephone: 715-421-9708

Email: dcfdfesbwfcontracts@wisconsin.gov