# 2027 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 W-2 Geographical Area:

- ☐ North Central
- ☐ Northeast
- ☐ Southeast
- ☐ Southwest
- ☐ Western
- ☐ Northwest
- ☐ Milwaukee East Central
- ☐ Milwaukee Southern
- ☐ Milwaukee West Central
- ☐ Milwaukee Northern

**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:**
Department of Children and Families
Bureau of Working Families
201 West Washington Avenue
P.O. Box 8916
Madison, WI 53703-8916
Telephone: 715-421-9708
Email: dcfdfesbwfcontracts@wisconsin.gov