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

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| 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 Families1681 Second Ave. SouthWisconsin Rapids, WI 54495Telephone: 608-422-6284Email: dcfdfesbwfcontracts@wisconsin.gov |