Worker's Compensation Coverage

Declines DWD/DWS Worker's Compensation Statewide Program

The W-2 Contract Agency declines the opportunity to participate in the DWD/DWS Worker's Compensation Statewide Program.

_____
W-2 Contract Agency Name

_____
Address

_____

For Geographic Area(s): _____

For Milwaukee only - agency type _____

Statement of Worker's Compensation Coverage

The W-2 Contract Agency has obtained the required WC coverage from a source other than DWD/DWS. The insurance company, policy number and dates of coverage are as follows:

_____
Insurance Company Name

_____
Policy Number

_____
Dates of Coverage

The W-2 Contract Agency must submit any changes to this information, to the Department's Contract Manager, within ten (10) business days of the change.

_____ _____
W-2 Contract Agency Authorized Representative (signature) Date

_____
(name printed)