

# New Insurance or Insurance Change

Department of Workforce Development  
Worker's Compensation Division

Send completed form to: WCInsCHOChange@dwd.wisconsin.gov

Legal Name of Insurance Company	
Address	
Group Name	
Federal Employer Identification Number (FEIN)	North American Industry Classification (NAIC) Code
National Council on Compensation Insurance (NCCI) Number	WI Unemployment Insurance (UI) Number (if applicable)
Name of Contact Person	Title
Email Address	
Phone Number	Fax Number
Per §102.35, Wis. Stats., provide an address to which the department shall submit surcharges	
Name of individual completing this form	Date form completed
Signature of individual completing this form	
Per §102.31(3), Wis. Stats., provide a single, default mailing address for department correspondence. If the carrier administers its own claims, then oftentimes the 102.31(3) address is the same as the carrier's claim handling office (CHO) address. If that is the case, then enter the address in this block. The 102.31(3) address can also be the same as a Third Party Administrator's (TPA) CHO address. If that is the case, then in the section below, check the 102.31(3) box next to the appropriate TPA.	
If applicable, please provide the following information for each Third Party Administrator handling your claims	
Legal Name of Third Party Administrator <input type="checkbox"/> §102.31(3), Wis. Stats., address	
Address	
TPA Start Date (if relevant)	TPA End Date (if relevant)
Federal Employer Identification Number (FEIN)	Unemployment Insurance (UI) Number
Name of Contact Person	Title
Email Address	
Phone Number	Fax Number
Name of Individual completing this form	Date form completed
Signature of Individual completing this form	

Third Party Administrator Information	
Legal Name of Third Party Administrator <input type="checkbox"/> §102.31(3), Wis. Stats., address	
Address	
TPA Start Date (if relevant)	TPA End Date (if relevant)
Federal Employer Identification Number (FEIN)	Unemployment Insurance (UI) Number
Name of Contact Person	Title
Email Address	
Phone Number	Fax Number
Name of Individual completing this form	Date form completed
Signature of Individual completing this form	

Third Party Administrator Information	
Legal Name of Third Party Administrator <input type="checkbox"/> §102.31(3), Wis. Stats., address	
Address	
TPA Start Date (if relevant)	TPA End Date (if relevant)
Federal Employer Identification Number (FEIN)	Unemployment Insurance (UI) Number
Name of Contact Person	Title
Email Address	
Phone Number	Fax Number
Name of Individual completing this form	Date form completed
Signature of Individual completing this form	