Tommy G. Thompson Governor

Linda Stewart Secretary

Gregory Krohm
Division Administrator



## State of Wisconsin

WORKER'S COMPENSATION

201 East Washington Avenue P.O. Box 7901

Madison, WI 53707-7901 Telephone: (608) 266-1340

Fax: (608) 267-0394 http://www.dwd.state.wi.us/wc/

## **Department of Workforce Development**

February 24, 1998

**INS 388** 

To:

All Worker's Compensation Insurance Carriers

Self-Insured Employers

Worker's Compensation Advisory Council

From:

Gregory Krohm, Administrator

Worker's Compensation Division

Re:

Payment to the Work Injury Supplemental Benefit Fund Under s. 102.65(3)(b)

In accordance with s. 102.65(3)(b), the Department is required to review the fiscal year ending balance in the Work Injury Supplemental Benefit Fund to determine if the balance exceeds three times the amount paid from the Fund in the fiscal year ending on that date and, if so, to reduce the contributions to the Fund required by ss. 102.47, 102.49 and 102.59.

The following order is adopted by the Department of Workforce Development, effective January 1, 1998.

The Department hereby makes the following findings and issues the following order, pursuant to the provisions of s. 102.65(3)(b) of the Wisconsin Statutes.

## FINDINGS

The balance in the Fund as of June 30, 1997 was \$10,080,194. The amount paid out of the Fund during the fiscal year ending June 30, 1997 was \$2,199,735. The amount in the Fund at the close of the fiscal year was more that three times the amount paid out.

NOW, THEREFORE, IT IS

## ORDERED

that no payment shall be required into the State Treasury, pursuant to s.102.65(3)(b) as set forth in ss.102.47, 102.49 and 102.59 for injuries occurring on or after January 1, 1998 through December 31, 1998.

Please notify all of your operations handling Wisconsin claims of this communication.

