

**Worker's Compensation  
Insurance Letter**

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| <b>INS #</b>    | 424               |
| <b>Date</b>     | December 19, 2000 |
| <b>Program</b>  | Claims Management |
| <b>Type</b>     | Procedural        |
| <b>Replaces</b> | INS 409           |



**State of Wisconsin  
Department of Workforce Development**

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**To:** Insurance Carrier and Self Insured Employer Claims Handling Offices  
**From:** Judy Norman Nunnery, Division Administrator  
**Subject:** Supplemental Benefits Payments under s. 102.44(1), Wis. Stats.

**Purpose:** Inform insurers of the process for requesting reimbursement of supplemental benefit payments.

**Background:** S. 102.44(1)(a), Wis Stats. establishes the maximum weekly benefit payable for supplemental benefit payments at \$150. Persons receiving less than the maximum rate for dates of injury prior to January 1, 1976 receive the same percent of \$150 that their compensation rate bears to the maximum rate in effect at the time of their injury. Reimbursement for these supplemental payments will be made by the Department of Workforce Development, from the Work Injury Supplemental Benefit Fund.

**Action Requested:** Please submit Form WKC-140, entitled, "Supplemental Payments Reimbursement Request" in duplicate, for reimbursement of 2000 supplemental benefits payments under s. 102.44(1), Wis. Stats. Each insurance company or self-insured employer that made supplemental payments should use a separate form. A copy of the form is enclosed and may be copied if additional pages are needed. If you did not make this adjustment in prior years, please do so immediately. Please notify all personnel who handle Wisconsin claims of this process.

If you have any questions, please contact Abby Butler at (608) 266-6771 or e-mail her at [butlea@dwd.state.wi.us](mailto:butlea@dwd.state.wi.us)

**Enclosures:** WKC-140 "Supplemental Payments Reimbursement Request"

**References:** Insurance Letter 409 dated 12/01/1999