

Worker's Compensation Insurance Letter

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Program	Claims Management
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Replaces	Insurance Letter 461



State of Wisconsin
Department of Workforce Development

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To: Insurance Carriers, Self Insured Employers and Claims Handling Offices
From: Frances Huntley-Cooper, Division Administrator
Subject: Supplemental Benefits Payments under s. 102.44(1), Wis. Stats.

Purpose: Inform insurers of Supplemental Benefit rate increases under s. 102.44(1) effective January 1, 2007.

Background: S. 102.44(1)(a), Wis Stats. was amended to raise the maximum weekly benefit payable for injuries occurring prior to January 1, 1987 from \$321 to \$338 for supplemental benefit payments. Persons receiving less than the maximum rate for dates of injury prior to January 1, 1987 receive the same percent of \$338 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" for reimbursement of 2006 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.

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

Enclosure : WKC-140 'Supplemental Payments Reimbursement Request' on reverse side.

Reference: Insurance Letter 461 dated 3/29/2006.