

Worker's Compensation Insurance Letter

INS #	448
Date	March 29, 2004
Program	Claims Management
Type	New Process
Replaces	Insurance Letter 440



State of Wisconsin
Department of Workforce Development

201 East Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
e-mail: DWDDWC@dwd.state.wi.us
<http://www.dwd.state.wi.us/>

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.
Adjustments in Payments to the Work Injury Supplemental Benefit Fund under ss.
102.47, 102.49 and 102.59.

Purpose: Inform insurers of Supplemental Benefit rate increases under s. 102.44(1) and rate changes in payments into the fund under ss. 102.49 and 102.59 effective March 30, 2004

Background: S. 102.44(1)(a), Wis Stats. was amended to raise the maximum weekly benefit payable for injuries occurring prior to May 13, 1980 from \$ 202.00 to \$233.00 for supplemental benefit payments. Persons receiving less than the maximum rate for dates of injury prior to May 13, 1980 receive the same percent of \$233 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.

S. 102.49 (5) (a) has been amended to increase the amount payable into the Work Injury Supplemental Benefit Fund for injury resulting in death from \$5,000 to \$10,000.

S. 102.59(2) has been amended to increase the amount payable into the Work Injury Supplemental Benefit Fund for injury resulting in loss or total impairment of a hand, arm, foot, leg, or eye from \$7,000 to \$10,000.

Action Requested: Please submit Form WKC-140, entitled, "Supplemental Payments Reimbursement Request" in duplicate, for reimbursement of 2003 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. (See www.dwd.state.wi.us/wc/legal/plain_lang_summary.htm for complete summary of law changes.)

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

Reference: Insurance Letter 440 dated 11/25/2002