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State of Wisconsin  
Department of Workforce Development

## Worker's Compensation Insurance Letter

INS #	484
Date	April 28, 2010
Program	Claims Management
Type	Informational
Replaces	Insurance Letter 482

NAME  
ADDRESS1  
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CITY STATE ZIP

**To:** Insurance Carriers, Self Insured Employers and Claims Handling Offices  
**From:** Frances Huntley-Cooper, Division Administrator  
**Subject:** Worker's Compensation Statutory Changes Effective May 1, 2010

**Purpose:** Inform insurers of changes in the maximum permanent partial disability rate, burial expense allowance and supplemental benefit rate increases effective May 1, 2010.

**Background:** Changes to the Wisconsin Worker's Compensation Act, Chapter 102, Wis. Stats., will become effective May 1, 2010. As a result of these changes, certain rates and benefits were increased. Please reference Insurance Letter 482 for additional rate changes which took effect on January 1, 2010.

The maximum weekly indemnity rate for permanent partial disability is increased to \$292 for injuries occurring on or after May 1, 2010.

The maximum burial expense allowance in cases in which the work injury or disability caused death is set at the actual cost not to exceed \$10,000.

S. 102.44(1), Wis Stats., was amended to raise the maximum weekly benefit payable for injuries occurring prior to January 1, 2001 from \$450 to \$582 for supplemental benefit payments. Persons receiving less than the maximum rate for dates of injury prior to January 1, 2001 receive the same percent of \$582 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 2009 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 for each claim upon which reimbursement is being requested.

**Inquiries:** A chart with detailed rate information for 2010 is available on our web site at:  
<http://dwd.wisconsin.gov/dwd/publications/wc/WKC-9572-P.pdf>

WKC-140 'Supplemental Payments Reimbursement Request' is also available on our website at:  
<http://dwd.wisconsin.gov/dwd/forms/wkc/wkc-140-e.htm>

If you have any questions, please contact us at (608) 266-1340.

**Reference:** Insurance Letter 482