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Wisconsin Compensation Rating Bureau

CARRIER NOTIFICATION PREFERENCE WCPAP WORKSHEET

Use this form to notify the WCRB of your preferred method of receiving notification of newly released WCPAP Worksheets.

A change in preference may be made at any time by resubmitting this form. The information provided below will overwrite existing contact information. Complete a separate form for each Carrier ID in your group. If a preference form is not submitted, "No Notification" is the default method of notification. Note that more than one e-mail address can be submitted (up to 95 total characters) to receive a notification, but only one Carrier Representative will exist per Carrier ID.

E-mail Notification—E-mail containing a list of Coverage IDs associated with released WCPAP Worksheets

No Notification—Carrier is responsible for retrieval from www.wcrb.org

WCPAP Worksheets are available in the WCPAP Worksheet Member Product.

Member Information

Carrier Name: Carrier (NCCI) ID:

Carrier Authorizing Representative Name:

Carrier Representative Title: Phone #:

E-mail Address:

E-mail Address(es) to receive notification:

Is this request: Effective Date:

New Change to Existing

For more information, contact: liz.viljevac@wcrb.org Phone: 262-796-4573
Fax: 262-796-4416

Please complete this form and click "SUBMIT VIA E-MAIL" button.