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Wisconsin Compensation Rating Bureau

CARRIER NOTIFICATION PREFERENCE EXPERIENCE RATING WORKSHEET

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

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

Experience Rating Worksheets are available in the Experience Rating 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.