Department of Workforce Development
Worker's Compensation Division
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Annual Report of Permanent Total Disability Payments Made

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

This information is required per s. DWD 80.02 (2) (k), Wis. Admin. Code, and is due by June 30th of each calendar year.

This is an annual follow-up for this permanent total injury. Please answer the two questions below, fill in all the appropriate payment information and return this form to the department.

1. Has there been any change in this employee's condition? ☐ Yes ☐ No
2. If applicable, indicate balance remaining on Third Party Cushion as of 12/31: $_____

Claimant Name		
WC Claim Number	Employee Social Security Number	Injury Date (mm/dd/yyyy)
Claimant Contact Information		
Insurance Company Name		

Note: Please report PTD/Annuity separately from Supplemental Benefits or Attorney Fees.

Type of Payment	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Rate	Total Amount Paid	Cumulative Total Amount Paid
☐ PTD ☐ Annuity				$	$
Supplemental Benefits (if applicable)				$	$
Attorney Fees				$	$
				Total: $0.00	**Total:** $0.00

Report Prepared By	Work Telephone Number ( ) -	Date Signed (mm/dd/yyyy)