



State of Michigan
Jennifer M. Granholm, Governor

Department of Energy, Labor & Economic Growth
Stanley "Skip" Pruss, Director

Workers' Compensation Agency
Self-Insured Programs
7150 Harris Drive
Dimondale, MI 48821
P.O. Box 30016
Lansing, MI 48909
(517) 322-1868
Fax: (517) 322-5944
www.michigan.gov/wca

November 2009

To Whom It May Concern:

The following information about the Department of Energy, Labor & Economic Growth (DELEG), Workers' Compensation Agency (WCA), Self-Insured Programs Division, is being furnished to you so that you may efficiently communicate with our office and staff.

Self-Insured Programs staff members are:

Mr. John W. Schrock
Administrator

Ms. Carolyn Norton
Departmental Analyst

Mr. Noel Todter
Claims Auditor

Ms. Sue Bauer
Departmental Technician

Ms. Lavonne Blonde
Secretary

Generally, questions and correspondence related to group self-insurers and service companies should be directed to John or Sue. Questions and correspondence related to individual self-insurers should be directed to John or Carolyn.

Our telephone number is (517) 322-1868, and our facsimile number is (517) 322-5944. If you are attempting to communicate with us by mail, please use one of the following addresses:

REGULAR MAIL DELIVERY:

(Use this address for any type of mail service that will deliver to a Post Office Box Number.)

**Michigan Department of Energy, Labor & Economic Growth
Workers' Compensation Agency
Self-Insured Programs
P. O. Box 30016
Lansing, MI 48909**

EXPRESS OR OVERNIGHT MAIL DELIVERY:

(Use this address when a physical location is required.)

**Michigan Department of Energy, Labor & Economic Growth
Workers' Compensation Agency
Self-Insured Programs
State Secondary Complex, GOB, 1st Floor, Wing B
7150 Harris Drive
Dimondale, MI 48821**

The DELEG Workers' Compensation Agency web site is: <http://www.michigan.gov/wca>. To access Self-Insured Programs information within this web site use the title bars located to the left of the page and –

Left click on **Self-Insurance--**

• **Featured Forms and Publications**

- WC-402 Self-Insurer Application Packet (fill-in form)
- WC-402A Self-Insurer Request to Add or Delete Subsidiary/Affiliate (fill-in form)
- WC-402G Group Self-Insurer Application Packet
- WC-402GR Group Self-Insurer Application Only (fill-in form)
- WC-404 Service Company Application (fill-in form)
- WC-650 Group Self-Insurance Notice of Acceptance of Membership (fill-in form)
- WC-651 Notice of Termination of Membership (fill-in form)
- Letter of Credit/Memorandum of Understanding (fill-in form)
- Michigan Continuous Surety Bond
- Michigan Certificate of Specific/Aggregate Excess Liability Insurance
- Self-Insurer's Claims Transfer Agreement

• **Other Information**

- Individual Self-Insured Employer List
- Service Company List
- Active Self-Insured **Group** List
- Self-Insured Division Information

To view DeLEG, WCA Rules and Act, left click on **Publications --**

• **Featured Forms and Publications**

- BWDC Administrative **Rules** Content
- Workers' Disability Compensation **Act** of 1969, Act 317 of 1969

We hope this information will be of assistance to you. If you have any questions regarding Self-Insured Programs, please do not hesitate to contact us.