

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 08/14/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 135 WI (8/99)	Wisconsin Supplementary Election of Coverage Form	The title of the form. ACORD 135 WI, Wisconsin Supplementary Election of Coverage Form, is used to add individuals, owners or partners to Workers Compensation Insurance coverage.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Applicant	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Business Name	Enter text: The name by which an organization is doing business.
IDENTIFICATION SECTION	Billing Address	Enter text: The named insured's mailing address line one. As used here, this is the billing address.
IDENTIFICATION SECTION	Billing Address Line 2	Enter text: The named insured's mailing address line two. As used here, this is the billing address.
IDENTIFICATION SECTION	Billing Address Line 3	Enter text: The named insured's mailing address city name. As used here, this is the billing address.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code. As used here, this is the billing address.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code. As used here, this is the billing address.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Individuals or Partners Electing Coverage	Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy. As used here, this is an individual electing coverage.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Title	Enter code: The individual's title within the organization or relationship to the organization's owners. As used here, this is an individual electing coverage.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Signature	Sign here: Accommodates the signature of the individual electing or rejecting coverage. As used here, this is an individual electing coverage.

Section Name	Field Name	Field and/or Section Description
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Date	Enter date: The date the form was signed. As used here, this is an individual electing coverage.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Name	Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy. As used here, this is an individual electing coverage.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Title	Enter code: The individual's title within the organization or relationship to the organization's owners. As used here, this is an individual electing coverage.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Signature	Sign here: Accommodates the signature of the individual electing or rejecting coverage. As used here, this is an individual electing coverage.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Date	Enter date: The date the form was signed. As used here, this is an individual electing coverage.
INDIVIDUALS OR PARTNERS ELECTING COVERAGE	Name	Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy. As used here, this is an individual electing coverage.
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Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).