

ACORD™ ALASKA PETITION FOR EXECUTIVE OFFICER WAIVER

ALASKA DEPARTMENT OF LABOR
Workers' Compensation Division
P.O. Box 25512
Juneau, Alaska 99802-5512

Form 07-6131 (Rev 9/97)

The following completed form and attachments must be submitted to the State of Alaska, Department of Labor, at the above address to request an Executive Officer Waiver under the Alaska Workers' Compensation Act (AS 23.30.240) and Regulation (8 AAC 45.184). It is understood that, if granted, the waiver is effective only during the tenure of the person listed while holding the title indicated in number 4 below. Records associated with a waiver request will be destroyed by the State of Alaska after three years, if information required to issue the waiver is not received.

NOTICE TO PETITIONER: An executive officer means the President, Vice-President, Secretary, Treasurer, or a corporate employee who is specifically designated as an executive officer in the Articles of Incorporation or Bylaws.

(Type or Print)

1. Corporate Name: _____
2. Mailing Address: _____
3. Number of employees: _____ (Including Executive Officers)
4. List the name and home address of each officer for whom an Executive Officer Waiver is requested.

(Use a separate sheet of paper if more space is needed)

| |
|-----------------------|
| Typed or Printed Name |
| Title of Officer |
| Mailing Address |

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|-----------------------|
| Typed or Printed Name |
| Title of Officer |
| Mailing Address |

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|-----------------------|
| Typed or Printed Name |
| Title of Officer |
| Mailing Address |

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|-----------------------|
| Typed or Printed Name |
| Title of Officer |
| Mailing Address |

5. Each officer listed MUST sign the Affidavit on the back of this form and have their signature NOTARIZED.

BEFORE a waiver can be issued, the Alaska Department of Labor MUST RECEIVE the following:

- a. Copy of Certificate of Incorporation;
- b. Copy of first page of Articles of Incorporation;
- c. Copy of page(s) of bylaws that state officers' titles and duties; and
- d. Copy of page of minutes of corporate meeting that reflects petitioner's election or appointment as executive officer.

6. Person Submitting Form: _____ Date: _____

AFFIDAVIT OF CORPORATE OFFICER(S) SIGNATURE

Corporate Name: _____

I, _____, being first duly sworn, state I am a duly elected or appointed officer of the above named corporation. I request a waiver from coverage under the Alaska Workers' Corporation Act. I am voluntarily, without coercion, signing this waiver request. I understand that my rights to benefits under the Act are waived and that the waiver extends to my beneficiaries in case of my death from any injury sustained during the performance of my duties as the officer indicated below:

Signature: _____

Title: _____

Notary Public: _____

Notary Public in and for the State of: _____

Subscribed and sworn to before me this ____ day of _____

My Commission Expires: _____

Corporate Name: _____

I, _____, being first duly sworn, state I am a duly elected or appointed officer of the above named corporation. I request a waiver from coverage under the Alaska Workers' Corporation Act. I am voluntarily, without coercion, signing this waiver request. I understand that my rights to benefits under the Act are waived and that the waiver extends to my beneficiaries in case of my death from any injury sustained during the performance of my duties as the officer indicated below:

Signature: _____

Title: _____

Notary Public: _____

Notary Public in and for the State of: _____

Subscribed and sworn to before me this ____ day of _____

My Commission Expires: _____

Corporate Name: _____

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Signature: _____

Title: _____

Notary Public: _____

Notary Public in and for the State of: _____

Subscribed and sworn to before me this ____ day of _____

My Commission Expires: _____

Corporate Name: _____

I, _____, being first duly sworn, state I am a duly elected or appointed officer of the above named corporation. I request a waiver from coverage under the Alaska Workers' Corporation Act. I am voluntarily, without coercion, signing this waiver request. I understand that my rights to benefits under the Act are waived and that the waiver extends to my beneficiaries in case of my death from any injury sustained during the performance of my duties as the officer indicated below:

Signature: _____

Title: _____

Notary Public: _____

Notary Public in and for the State of: _____

Subscribed and sworn to before me this ____ day of _____

My Commission Expires: _____