Business Name:

Address:

City, State, Zip:

WORKERS COMPENSATION ELECTION / REJECTION FORM

1. CORPORATE OFFICERS ELECTION / REJECTION

The undersigned officers of the Corporation named above stipulate that meeting requirements as set forth by the rules promulgated by the State shown in the address above hereby elect or reject coverage as follows:

Name of Officer	Title	Signature	Reject coverage	Elect coverage

1. SOLE PROPRIETORS / PARTNERS / MEMBERS OF LLC ELECTION / REJECTION

The owner, partner or member of the business named above stipulates that meeting requirements as set forth by the rules promulgated by the State shown in the address above hereby elect or reject coverage as follows:

Name of Owner / Partner / Member	Signature	Reject coverage	Elect coverage

Policy Number: Date: