



EMPLOYER'S NOTICE TO EXCLUDE OR INCLUDE COVERAGE FOR HIMSELF, OFFICERS OR MEMBERS

(Est. 1/1/2008 WC14/15)

PART I: OFFICER, MEMBER, INDIVIDUAL OR PARTNERSHIP (EXCLUSION)

Per Article 3, 25-5-50(b), Code of Alabama: Notwithstanding subsection (a), an officer of a corporation may elect annually to be exempt from coverage by filing written certification of the election with the department and the employer's insurance carrier.

() I, _____ choose to be **excluded** from my
(PRINT FULL NAME)
employer's workers' compensation insurance policy. I understand that if a job related injury occurs, I will not have insurance protection.

SIGNED DATE TITLE

PART II: OFFICER, MEMBER (INCLUSION)

At the end of any calendar year, a corporate officer who has been exempted, by proper certification from coverage, may revoke the exemption and thereby accept coverage by filing written certification of his or her election to be covered with the department and the employer's insurance carrier.

() I, _____ choose to be **included** under my
(PRINT FULL NAME)
employer's workers' compensation insurance policy. I have previously been excluded as an officer/member.

SIGNED DATE TITLE

Part III: SOLE-PROPRIETOR OR PARTNERSHIP (INCLUSION)

() I, _____ elect **coverage** under the Alabama Workers'
(PRINT FULL NAME)
Compensation Act.

SIGNED DATE TITLE

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Business Name _____
Mailing Address _____
Physical Location _____
FEIN _____ UC NUMBER _____
WC Insurance Carrier _____ Policy No. _____
Effective Date _____ Agency/Phone _____

THIS DIVISION WILL ACCEPT ONLY ORIGINAL SIGNATURES