



# The Sheffield Group

Your Workers' Compensation Specialists

## **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

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**