

# MICHIGAN WORKERS COMPENSATION PLACEMENT FACILITY

## SPECIFIC PERSON EXCLUSION FORM

NAME OF ENTITY: \_\_\_\_\_

FEIN: \_\_\_\_\_

LEGAL FORM OF ENTITY:

- Sole Proprietor
- Partnership
- Corporation
- Limited Liability Company

### PERSONS ELIGIBLE FOR EXCLUSION BY LEGAL ENTITY

Sole Proprietor      Spouse, Child, Parent

Partnership      Partner

Corporation      Executive Officers may elect exclusion if the corporation has ten or fewer stockholders and the executive officer owns at least 10% of the stock. A corporate board resolution authorizing exclusion is to be executed.

**(Certified Resolution/Consent Form must also be completed.)**

Limited Liability Company      Member/Managers of a limited liability company may elect exclusion if the LLC has ten or fewer members and the member is also a manager who owns at least a 10% interest. Exclusion must be approved by majority vote of members or if more than 1 manager, all managers who are also members.

**(Certified Resolution/Consent Form must also be completed.)**

Name	Title or Relationship	% of Stock Owned	Written Signature	Date

It is understood and agreed that I (we), whose signature(s) appear above, wish to be excluded from all benefits normally provided on the Workers Compensation and Employers Liability Policy. This is to apply to current and renewal policies.

**THIS FORM NOT VALID UNLESS COMPLETELY FILLED OUT**

**MICHIGAN WORKERS COMPENSATION PLACEMENT FACILITY**

**\*\*CERTIFIED RESOLUTION / CONSENT FORM\*\***

**CORPORATE BOARD RESOLUTION**

(Complete this section if officers of a Corporation are being excluded)

I hereby certify that the following is a true copy of a resolution duly adopted by the Board of Directors of \_\_\_\_\_, a corporation duly organized and existing under the law of the State of \_\_\_\_\_, and that said resolution is in conformity with the Articles of Incorporation and By-laws of the Corporation and is now in full force and effect.

**WHEREAS, the named persons of \_\_\_\_\_, elect to be excluded from the corporation's Workers Disability Compensation Insurance policy and further certify that each person listed on the Specific Person Exclusion Form meets the requirements of Section 161 (4) of the Workers' Disability Compensation Act which states as follows:**

**"An employee who is subject to this act, including an employee of a corporation which has not more than ten (10) stockholders and who is also an officer and stockholder who owns at least 10% of the stock of that corporation, with the consent of the corporation as approved by its Board of Directors, may elect to be individually excluded from this act by giving a notice of the election in writing to the carrier with the consent of the corporation endorsed on the notice. The exclusion shall remain in effect until revoked by the employee by giving a notice in writing to the carrier. While the exclusion is in effect, section 141 shall not apply to any action brought by the employee against the corporation, and**

**WHEREAS, the filing of this exclusion shall also be consistent with the law of the State of Michigan.**

In witness thereof, I have hereunto subscribed my name and attest to the following resolution on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**By:** \_\_\_\_\_  
(Written Signature)

**Its:** \_\_\_\_\_  
(Corporate Title)

**LIMITED LIABILITY COMPANY CONSENT**

(Complete this section if members of a Limited Liability Company are being excluded)

The members listed on the Specific Persons Exclusion Form are also managers of \_\_\_\_\_, a limited liability company. The LLC has no more than 10 members and each member has at least a 10% interest in the LLC.

By majority vote of the members of the LLC, the members consent to the exclusion of its members from coverage afforded pursuant to the Michigan Workers' Disability Compensation Act.

It is understood and agreed that by signing this application for exclusion from coverage, I (we) elect to be excluded from all benefits otherwise afforded under the Michigan Workers' Disability Compensation Act pursuant to the Workers' Compensation and Employers Liability Policy.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**By:** \_\_\_\_\_

Written Signature: Member/Manager, certifying a majority vote of members