

CORPORATE OFFICER EXCLUSION

PRINT NAME OF CORPORATION/LLC

PHYSICAL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

() _____
TELEPHONE

I, the undersigned officer of the above named corporation, do hereby, elect to be exempt from coverage under the Alabama Workers' Compensation Law, 25-5-50(b) Code of Alabama 1975, as amended.

Name of Officer _____ Title _____ Date _____
(Print or Type Name & Title)

I, the undersigned officer of the above named corporation, do hereby, elect to be exempt from coverage under the Alabama Workers' Compensation Law, 25-5-50(b) Code of Alabama 1975, as amended. Under penalty of perjury, I hereby certify that I am a duly appointed officer of the above captioned corporation. I further certify and affirm that all statements contained herein are true and correct.

NUMBER OF EMPLOYEES (FULL & PART-TIME) _____
FEDERAL ID NUMBER _____
UNEMPLOYMENTNUMBER _____
WC INSURANCE CARRIER _____
POLICY NUMBER _____
EFFECTIVE DATES _____
INSURANCE AGENCY _____ TELEPHONE () _____

WE ONLY ACCEPT ORIGINAL SIGNATURES

EMPLOYERS NOTICE TO COVER HIMSELF/EMPLOYEES

MARK ALL THAT APPLY:

Part I

Per Article 3, 25-5-50(a), Code of Alabama, an employer who regularly employs less than five employees in any one business; a farm-labor employee; an employer of a domestic employee; or a municipality having a population of less than 2,000 according to the most recent federal decennial census, **may accept and become subject to this article and Article 4 of this chapter by filing written notice thereof with the Department of Industrial Relations.**

- () In accordance with the Code of Alabama, I elect my business to be covered by the Workers' Compensation Laws of the State of Alabama.

Part II

Per Article 3, 25-5-50(a), Code of Alabama, **may at any time withdraw the acceptance by giving like notice of withdrawal.** Notwithstanding the foregoing, an employer electing not to accept coverage under this article and Article 4 of this chapter shall notify in writing each employee of the withdrawal of coverage. Additionally, the employer shall post a notice in a conspicuous place notifying all employees and applicants for employment that workers' compensation insurance coverage is not available.

In accordance with the Code of Alabama

- () Having previously been subject to the Workers' Compensation Laws, I choose to withdraw my business from coverage pursuant to the above cited code section.
- () I hereby certify that I have notified my employees of my election to withdraw and have posted a notice in a conspicuous place notifying employees and applicants of employment that workers' compensation is not available.

Part III

- () Having previously been excluded as an officer or member, I choose to be included pursuant to the above cited code.

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INFORMATION MUST BE PRINTED

BUSINESS NAME _____ DATE _____
Mailing Address _____ Physical Location _____
City _____ State _____ Zip _____ Telephone () _____
Print Name and Title _____
SIGNATURE _____
Sole-Proprietor/Partnership/ Officer/Member
FEIN _____ UC NUMBER _____
WC INSURANCE CARRIER _____ EFFECTIVE _____ POLICY # _____

THIS DIVISION WILL ONLY ACCEPT ORIGINAL SIGNATURES