WORKERS' COMPENSATION APPLICATION
ELECTION/REJECTION OF COVERAGE

Named Insured: _____

Address: _____

_____

Insurance Company: _____ Policy # _____

The Minnesota Workers' Compensation Act, Sec. 176.012 states that the following may elect to be covered under the law:

1. Sole Proprietors of a business
2. Partners of a business
3. A closely held corporation that had less than 22,880 hours of payroll in the previous calendar year may elect coverage for any of its executive officers if that officer is also an owner of at least 25% of the corporation.

The persons, partnerships, and corporations described above may also elect coverage for an employee who is a spouse, parent, or child of an owner, partner, executive officer who is eligible for coverage, whether or not coverage is elected for the related owner, partner, or executive officer. Notice of election or termination of coverage is to be provided in writing to the insurer and is effective the day following the receipt of the notice by the insurer or at a subsequent date indicated in the notice.

In accordance with the provisions of the Minnesota Workers' Compensation Act as stated above and in consideration of the additional premiums for Workers' Compensation and Employer's Liability Insurance. I (we) whose signature(s) appear below, wish to Elect/Reject coverage under the act.

This inclusion of coverage is to be effective on _____, 20____. If signed after the policy effective date, I (we) certify that no injuries or disabilities have taken place between the effective date and the date this form is signed.

Please check the appropriate status below and whether or not coverage is elected:

☐ Sole Proprietor   ☐ Partner   ☐ Executive Officer   ☐ Relative

<u>Signature (please print legibly also)</u>   <u>Title</u>   <u>Date</u>

☐ Elect   (1)   Signature _____

☐ Do Not Elect   Print or Type Name _____

☐ Elect   (2)   Signature _____

☐ Do Not Elect   Print or Type Name _____

☐ Elect   (3)   Signature _____

☐ Do Not Elect   Print or Type Name _____

☐ Elect   (4)   Signature _____

☐ Do Not Elect   Print or Type Name _____