

APPLICATION FOR WAIVER
STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027
TEL: (207) 287-3751 FAX: (207) 287-5413

WAIVERS ARE NOT VALID UNTIL APPROVED BY THE BOARD

APPLICANT-EMPLOYEE

BUSINESS - EMPLOYER

NAME: _____

NAME: _____

STREET: _____

STREET: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

APPLICANT PHONE #: _____

EMPLOYER PHONE #: _____

EMPLOYER FEIN #: _____

I am employed by the above-named employer which is a (check one):

- | | |
|--|---|
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> CORPORATION/S-CORP |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> PROFESSIONAL CORPORATION |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | |

And (select the correct option under I, II or III):

I. The **Applicant** is the (check one): PARENT SPOUSE DOMESTIC PARTNER CHILD
of the above-named Sole Proprietor, or Partner or Member of a Limited Liability Company.

II. The **Applicant** is the (check one) bona fide owner of at least 20% of the outstanding voting stock of the above-named corporation **OR** the (check one): PARENT SPOUSE DOMESTIC PARTNER CHILD of a bona fide owner.

- Number of Voting Stock **Issued** by Employer _____ (actual number—not percentage)
- Number of Voting Stock **Owned** by Applicant _____ (actual number—not percentage)

III. The **Applicant** is a (check one)

shareholder of the above-named professional corporation **OR**

the (check one): PARENT SPOUSE DOMESTIC PARTNER CHILD
of a shareholder of the above-named professional corporation.

I hereby waive all benefits and privileges provided by the Maine Workers' Compensation Act pursuant to 39-A M.R.S.A. §102(11) (A) (4) and (5). I certify that the foregoing information is truthful and accurate, and that this waiver is not a prerequisite condition to employment. I understand that if this information is found to be intentionally misleading or fraudulent, or if the information changes, this waiver may be nullified. I agree to notify the Workers' Compensation Board of any changes in this information.

APPLICANT SIGNATURE

DATE

NOTE: ANY PERSON MAY REVOKE OR RESCIND THAT PERSON'S WAIVER UPON 30 DAYS WRITTEN NOTICE TO THE BOARD AND THAT PERSON'S EMPLOYER.