

## 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.

**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**