

# N O R T H C A R O L I N A

## ELECTION OR REJECTION OF COVERAGE FOR SOLE PROPRIETORS, PARTNERS, MEMBERS OF LLC'S AND CORPORATE OFFICERS

**Note:** \*\* Sole proprietors, partners and members of LLC's are excluded from the North Carolina workers' compensation laws and benefits unless coverage is elected in writing.

\*\* Executive Officers of a Corporation are covered under the North Carolina workers' compensation laws and benefits unless coverage is rejected in writing.

<b>SOLE PROPRIETOR, PARTNER, MEMBER OF LLC NOTICE OF ELECTION OF COVERAGE</b>
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Sole Proprietor/Partner/Member Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Sole Proprietor/Partner/ Member Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Sole Proprietor/Partner/Member Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

<b>CORPORATE OFFICER NOTICE OF REJECTION OF COVERAGE</b>
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Corporate Officer Name (please print): \_\_\_\_\_

Corporate Officer Signature: \_\_\_\_\_

Corporate Officer Name (please print): \_\_\_\_\_

Corporate Officer Signature: \_\_\_\_\_

Corporate Officer Name (please print): \_\_\_\_\_

Corporate Officer Signature: \_\_\_\_\_

Corporate Officer Name (please print): \_\_\_\_\_

Corporate Officer Signature: \_\_\_\_\_

For Company Use Only

Date Notice received: \_\_\_\_\_

Insuror Authorized signature: \_\_\_\_\_