

(WC14/15) **EMPLOYERS NOTICE TO EXCLUDE OR INCLUDE COVERAGE FOR HIMSELF, OFFICERS OR MEMBERS**

**Part I: OFFICER/MEMBER**

Per Article 3, 25-5-50(b), Code of Alabama: Notwithstanding subsection (a), an officer of a corporation may elect annually to be exempt from coverage by filing written certification of the election with the department and the employer's insurance carrier.

( ) I, \_\_\_\_\_ choose to be **excluded** from my  
(PRINT FULL NAME)  
employer's workers' compensation insurance policy. I understand if a job related injury occurs I will not have insurance protection.

\_\_\_\_\_  
SIGNED DATE TITLE

At the end of any calendar year, a corporate officer who has been exempted, by proper certification from coverage, may revoke the exemption and thereby accept coverage by filing written certification of his or her election to be covered with the department and the employer's insurance carrier.

( ) I, \_\_\_\_\_ choose to be **included** under my  
(PRINT FULL NAME)  
employer's workers' compensation insurance policy. I have previously been excluded as an officer/member.

\_\_\_\_\_  
SIGNED DATE TITLE

**Part II: SOLE-PROPRIETOR OR PARTNERSHIP**

( ) I, \_\_\_\_\_ elect **coverage** under the Alabama Workers'  
(PRINT FULL NAME)  
Workers' Compensation Act.

\_\_\_\_\_  
SIGNED DATE TITLE

.....  
Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Location \_\_\_\_\_  
FEIN \_\_\_\_\_ UC NUMBER \_\_\_\_\_  
WC Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
Effective Date \_\_\_\_\_ Agency/Phone \_\_\_\_\_

**THIS DIVISION WILL ONLY ACCEPT ORIGINAL SIGNATURES**