

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
COMPLIANCE SECTION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(717) 787-3567

APPLICATION FOR EXECUTIVE OFFICER EXCEPTION FROM THE PROVISIONS OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT: SECTION 104

1. Name of Corporation _____
FEIN _____

2. Street Address _____
City _____ State _____ Zip Code _____

3. Telephone Number () _____

4. Executive officer(s) electing exception: (check a box)

Has an ownership interest in a Subchapter S corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2), known as the Tax Reform Code of 1971.

Has at least 5% ownership interest in a Subchapter C corporation as defined by the Tax Reform Code of 1971.

Serves voluntarily and without remuneration in a non-profit corporation.

5. Names of executive officers electing exception. Indicate percentage of corporate ownership if Subchapter S or Subchapter C corporation.

a. Name _____ %

Address _____ Telephone No. () _____

b. Name _____ %

Address _____ Telephone No. () _____

c. Name _____ %

Address _____ Telephone No. () _____

d. Name _____ %

Address _____ Telephone No. () _____

e. Name _____ %

Address _____ Telephone No. () _____

NOTE: Use additional sheets if necessary.

6. Corporation has other employees: Yes No
If yes, employer's current workers' compensation coverage:

Name of Insurance Company _____

Policy Number _____ Policy Effective Date _____

INSTRUCTIONS: Each executive officer must submit a separate Declaration with the Application. Please submit Application and Declaration to your insurance carrier. If no carrier, submit forms to the Bureau of Workers' Compensation

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EXECUTIVE OFFICER'S DECLARATION

Name of Corporation _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____ FEIN _____

I, _____, do hereby knowingly and voluntarily elect not to be an
EXECUTIVE OFFICER

employee of _____
CORPORATION

for purposes of the Pennsylvania Workers' Compensation Act, and waive any and all benefits and rights to which I might be entitled under the Pennsylvania Workers' Compensation Act (77 P.S. §1, et seq).

I do hereby state and affirm that I am an executive officer who: (check a box)

Has an ownership interest in a Subchapter S corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2), known as the Tax Reform Code of 1971.

Has at least 5% ownership interest in a Subchapter C corporation as defined by the Tax Reform Code of 1971.

Serves voluntarily and without remuneration in a non-profit corporation.

I verify that the facts set forth in the Executive Officer's Declaration and the attached Application for Executive Officer Exception From the Provisions of the Pennsylvania Workers' Compensation Act are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

SIGNATURE OF EXECUTIVE OFFICER

PRINT NAME

ADDRESS

TELEPHONE NUMBER

INSTRUCTIONS: Each executive officer must submit a separate Declaration with the Application. Please submit Application and Declaration to your insurance carrier. If no carrier, submit forms to the address above.