# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## NOTICE OF ELECTION OR REJECTION OF WORKERS' COMPENSATION COVERAGE

The use of this form is required under the provisions of: (A) O.C.G.A. §34-9-2.1 of the Workers' Compensation Law if a corporate officer or limited liability company member elects to reject coverage; (B) O.C.G.A. §34-9-2.2 if a sole proprietor or partner elects to be included as an employee; or, (C) O.C.G.A. §34-9-2.3 if a farm labor employer elects to provide coverage for farm laborers.

### A. CORPORATION / LIMITED LIABILITY COMPANY

I, _____ , certify that I am a member of _____
(Type or Print Name) (Employer)

_____ _____
(Office Held) (Street Address)

_____
(City / State / Zip Code)

❑ I elect to reject the provisions of the Georgia Workers' Compensation Law.

❑ I elect to revoke the previous rejection of _____
(Date)

(NOTE: A maximum of five (5) officers / members may be exempted)

### B. SOLE PROPRIETOR OR PARTNER

I, _____, certify that I am a ❑ Sole Proprietor ❑ Partner of _____
(Business Name)

❑ I elect to be covered under the provisions of the Georgia Workers' Compensation Law.

❑ I elect to revoke the previous election of _____
(Date)

### C. FARM LABOR

I, _____, certify that as the employer or representative of _____, that
(Business Name)

❑ I elect to provide Workers' Compensation coverage for farm laborers.

❑ I elect to revoke the previous election of _____
(Date)

### D. CERTIFICATION

❑ I hereby certify that the information listed is true and correct

| Print Name | Business Phone Number and Ext. | Signature |
|---|---|---|
| | | |

Business Address

Dated this _____ Day of _____ / _____
(Month) (Year)

A COPY OF THIS FORM MUST BE FILED WITH YOUR CURRENT WORKERS' COMPENSATION CARRIER. IF YOU **DO NOT** HAVE A CARRIER, THIS FORM MUST BE FILED WITH THE STATE BOARD OF WORKERS' COMPENSATION AT 270 PEACHTREE STREET, N.W., ATLANTA, GEORGIA 30303-1299. NOTE: DO NOT SEND TO THE BOARD IF THERE IS INSURANCE COVERAGE.

**IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov**

**WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).**