



**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) §34-9-2.3 if a farm labor employer elects to provide coverage for farm laborers.

A. CORPORATION/LIMITED LIABILITY COMPANY

I, _____, Print or Type certify that I am an officer/member
of _____ Employer _____ Employer's Street Address
_____ Employer's City _____ Employer's State _____ Employer's Zip Code
Office Held _____
_____ 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, _____, Print or Type 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, _____, Print or Type certify that as the employer or representative of
_____ Business Name that
_____ I elect to provide Workers' Compensation coverage for farm laborers.
_____ I elect to revoke the previous election of _____ Date

D. CERTIFICATION

I certify that the information listed is true and correct:

_____ Print or Type Name _____ Business Telephone Number (AC/No./Ext.)
_____ Business Street Address
_____ Business City _____ Business State _____ Business Zip Code
Dated this _____ day of _____, _____
Day Month Year _____ Signature

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.

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. Code Sections 34-9-18 and 34-9-19).