

WORKERS' COMPENSATION ELECTION / REJECTION FORM

INSURED: _____

POLICY #: _____ **TERM:** _____ **TO:** _____

In accordance with Chapter 176 of the Minnesota Workers' Compensation Law, the following persons have the **option** of being included under the benefits of the Workers' Compensation Law:

1. **Sole Proprietors**, their spouse, parent(s), or child(ren), or family members.
2. **Partners**, their spouse(s), parent(s), or child(ren), or family members.
3. **Executive Officers**, their spouse(s), parent(s), or child(ren), or family members. **IF** the officer owns 25% or more of the corporate stock, AND there were less than 22,800 payroll hours in the preceding year.
4. **Managers of a limited liability company**, their spouse(s), parent(s), or child(ren), or family members. **IF** the manager(s) own 25% or more interest in the LLC, AND there were less than 22,800 payroll hours the preceding year.

THESE PERSONS ARE EXCLUDED UNLESS ELECTION(S) ARE MADE BELOW

A closely held corporation is defined as one that had less than 22,880 hours of payroll in the previous calendar year.

If you have elected coverage previously, and want to continue to be covered; or if you have not previously elected coverage, but now desire to be covered, please sign as indicated immediately below.

I (WE) ELECT TO BE COVERED

PRINT NAME	/SIGNATURE	/PAYROLL**	/DUTIES / TITLE	/DATE
	/	/	/	/
	/	/	/	/
	/	/	/	/

****Minimum chargeable payroll for owner, partner, executive officer(s)/manager(s) with 25% ownership or more, and the spouse, parent, or child(ren) of these persons is currently \$22,360. annually. The Maximum chargeable payroll for each of these persons is \$91,260. annually.**

I (WE) ELECT NOT TO BE COVERED

PRINT NAME	/SIGNATURE	/DATE
	/	/
	/	/
	/	/
	/	/

I (we) understand that the benefits of electing coverage under Minnesota Workers' Compensation Law have been presented to me. I (we) understand this statutory coverage includes important features such as:

- | | |
|---|--|
| 1) Unlimited medical and hospital benefits* | 4) Permanent partial disability benefits |
| 2) Temporary total disability benefits | 5) Permanent total disability benefits |
| 3) Temporary partial disability benefits | 6) Death benefits |

*Medical benefits may be excluded from your Individual or Group Health coverage due to an exclusion for "work related injuries" or work related injuries if Workers' Compensation coverage could have been available by an election.

I (we) further understand the cost to add this coverage will be billed to me (us) based on the payroll** and rates for the class of work I (we) do. Payroll estimate and work classification is also included above.