

# DC WORKERS' COMPENSATION ELECTION/REJECTION OF COVERAGE

This form applies to officers of a corporation. Please complete form with corporate officers names listed.

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

PRINT NAME	SIGNATURE	Title	DATE	REJECT (YES or NO)

**Use of this form to exclude employees or subcontractors is illegal. It is only applicable to those persons allowed by law to exclude themselves.**

**\*Those marking 'YES' will not be covered under DC workers compensation law. They may elect to be included/covered in the future by filling out a new form and sending to the carrier. \***