

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)

I elect to reject the provisions of the Georgia Workers' Compensation Law. _____
(City / State / Zip Code)

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 of _____
 Partner (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
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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 1-800-633-0682 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. §31-6-18 AND §31-6-19).