



ALABAMA EMPLOYERS NOTICE TO EXCLUDE OR INCLUDE COVERAGE
FOR HIMSELF, OFFICERS OR MEMBERS

Part I: OFFICER/MEMBER

Per Article 3, 25-5-50(b), Code of Alabama: Notwithstanding subsection (a), an officer of a corporation may elect to be exempt from coverage by filing written certification of the election with the employer’s insurance carrier.

() I, _____ choose to be **excluded** from my
(PRINT FULL NAME)

employer’s workers’ compensation insurance policy. I understand if a job related injury occurs I will not have insurance protection. The certification for exemption or reinstatement of coverage shall become **effective on the first day of the calendar month following the filing of the certification of exemption or reinstatement of coverage** with the employer’s insurance carrier.

SIGNED _____ DATE _____ TITLE _____

At the end of any calendar year, a corporate officer who has been exempted, by proper certification from coverage, may revoke the exemption and thereby accept coverage by filing written certification of his or her election to be covered with the employer’s insurance carrier.

() I, _____ choose to be **included** under my
(PRINT FULL NAME)

employer’s workers’ compensation insurance policy. I have previously been excluded as an officer/member.

SIGNED _____ DATE _____ TITLE _____

Part II: SOLE-PROPRIETOR OR PARTNERSHIP

() I, _____ elect **coverage** under the Alabama Workers’
(PRINT FULL NAME)

Workers’ Compensation Act.

SIGNED _____ DATE _____ TITLE _____

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Business Name _____
Mailing Address _____
Physical Location _____
FEIN _____ UC NUMBER _____
WC Insurance Carrier FFVA Mutual Insurance Co. Policy No. _____
Effective Date _____ Agency/Phone _____