



**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. Under penalty of perjury, I hereby certify that I am a duly appointed officer of the corporation noted below. I further certify and affirm that all statements contained herein are true and correct.

( ) 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 employer's  
(PRINT FULL NAME)  
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’ Compensation Act.  
(PRINT FULL NAME)

\_\_\_\_\_  
SIGNED DATE TITLE

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**The insured or individual certifying election must complete this section:**

Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Location \_\_\_\_\_  
FEIN \_\_\_\_\_  
WC Insurance Carrier\_ FFVA Mutual Insurance Co.\_\_\_\_ Policy No. \_\_\_\_\_