

MISSISSIPPI

NOTICE OF ELECTION/REVOCATION OF COVERAGE

UNDER MISSISSIPPI CODE SECTION 71-3-79

The undersigned certifies that he/she is a(n):

Sole Proprietor Partner Officer LLC member Employee*

Company name		Federal Employer Identification Number (FEIN)	
Address			
City	State	Zip	
Policy Number			

Please read carefully and select one of the following options:

Officer, Employee*:

I do hereby **elect to be exempt from the workers' compensation coverage** provided by the carrier listed below. I agree that this exemption shall continue in effect until such time as I, the undersigned, give the carrier written notice to the contrary.

I do hereby **revoke the exemption from workers' compensation coverage** executed earlier. I am electing to be covered and included in the workers' compensation coverage provided by the carrier listed below.

Sole Proprietor, Partner, Limited Liability Company member:

I do hereby **elect to be included in the workers' compensation coverage** provided by the carrier listed below. I agree that this election shall continue in effect until such time as I, the undersigned, give the carrier written notice to the contrary.

I do hereby **revoke the election of workers' compensation coverage** executed earlier. I am electing not to be covered or included in the workers' compensation coverage provided by the carrier listed below.

*An employee electing to be exempt from coverage must own 15% or more of the stock in the insured company listed above.

Print name	Title
Signature	Date signed

Under Mississippi Code Section 71-3-79, executive officers of a nonprofit, fraternal, cultural, or religious corporation/association may elect to be covered by the workers' compensation law of the state of Mississippi.

Return completed form to:

**FFVA Mutual Insurance Co. Underwriting
Department
Fax #: (321) 214-0220
Email: endorsements@ffvamutual.com**