

WORKERS' COMPENSATION COMMISSION

10 East Baltimore Street
Baltimore, Maryland 21202-1641
TEL: (410) 864-5100 or 1 (800) 492-0479
TTD (MD Relay Service): 1(800)735-2258
<http://www.wcc.state.md.us>

Date Stamp - WCC Use Only

EXCLUSION FORM

Pursuant to the provisions of Labor & Employment Article § 9-206 of the Annotated Code of Maryland, officers or members of a Farm Corporation, Close Corporation, Professional Corporation, or Limited Liability Company are covered employees if the officer or member provides a service for monetary compensation. Such officers or members who satisfy the criteria of Labor & Employment Article § 9-206(b) may elect to become excluded from coverage by filing this Exclusion Form with the Commission.

To exercise this option, any officer or member from the aforementioned types of organizations wishing to be excluded must sign this document. **NOTE: By signing this Exclusion Form below, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.**

DATE: _____ DATE COMPANY NOTIFIED INSURANCE COMPANY: _____
NAME OF CORPORATION'S INSURANCE COMPANY: _____
NAME OF COMPANY: _____

Type of Company (Choose) Farm Corporation Close Corporation Professional Corporation Limited Liability Company

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Typed Name and Title of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature

IMPORTANT: Submit *original* form to the Workers' Compensation Commission, a copy to the insurer of the company/corporation, and keep a copy for your files.