



EMPLOYER'S WITHDRAWAL OF ELECTION TO ADOPT THE SOUTH CAROLINA WORKERS' COMPENSATION ACT

This form is required if an employer who elected to adopt the Workers' Compensation Act, being previously exempt as prescribed in Section 42-1-360 of the Act, now desires to withdraw its election.

Date: _____, _____.

To the South Carolina Workers' Compensation Commission:

The undersigned employer, who has voluntarily elected to operate under the South Carolina Workers' Compensation Act, being previously exempt as prescribed under Section 42-1-360 of the Act, withdraws that election to operate under the Workers' Compensation Act.

As provided by law (Section 42-1-390), the employer must give notice in writing to the Commission that the business shall no longer operate under the S.C. Workers' Compensation Act.

This rejection takes effect sixty (60) days after the date it is received by the South Carolina Workers' Compensation Commission.

*** * PLEASE PRINT OR TYPE ALL INFORMATION * * ORIGINAL SIGNATURES REQUIRED * ***

SWORN TO AND SUBSCRIBED BEFORE ME at

EMPLOYER

this _____ of _____, _____

Name of Business (Legal Name)

Federal I.D. #

Street Address

Post Office Box

Notary Public for South Carolina

City

State

Zip Code

My Commission Expires: _____

By:

Name and Title

For Official Use Only:

Date Received:	_____
Effective Date:	_____
Approved By:	_____
Telephone Number:	_____

Signature of Employer Official

Date

Area Code

Telephone Number

Reference Summary: Sections 42-1-310, 42-1-380, and 42-1-390. For more information about the provisions of these Sections and this form, please contact the Commission at the address above.