



INCLUSION FORM FOR SOLE PROPRIETORS/ PARTNERS ELECTION

Pursuant to the Workers' Compensation Act, Annotated Code of Maryland, Labor and Employment Article, §§ 9-219 and 9-227, sole proprietors and partners are excluded from coverage under the Act; however, such persons may elect to become covered employees under the Act.

To exercise this option, any sole proprietor or partner electing to be a covered employee must complete and sign this document.

IMPORTANT:

Submit this form to the Workers' Compensation Commission, a copy to the insurer, and keep a copy for your records.

Unless otherwise agreed, this election will be effective upon the date of receipt of this form by the MD Workers' Compensation Commission.

CURRENT DATE: _____ DATE INSURANCE COMPANY WAS NOTIFIED: _____

NAME OF INSURANCE COMPANY: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Name and Title of Person Electing Coverage

Personal Signature

