STATE-SPECIFIC FORMS & DOCUMENTS

Use these forms as needed. Send copies of any completed coverage election or revocation / withdrawal forms to Omaha National.

Form 4 - Employee's Notice of Rejection of Workers' Compensation Act:

Employees may use this form to reject the provisions of Kentucky's workers compensation laws. Please note, this copy is provided for reference only. The Kentucky Department of Workers' Claims is very particular about the filing of Form 4, please contact your Account Manager at 844-761-8400 and they will provide an original paper copy of the form for use. The document must be notarized with the employee's signature, and you must complete the employer's acknowledgment. Completed forms must be filed with the Department immediately upon receipt from the employee. To obtain an acknowledgement from the Department, include a copy and self-addressed stamped envelope with the original form. Send a copy to Omaha National for our records and retain a copy in your records for the entirety of the worker's employment.

Form 5 - Written Notice of Withdrawal of Form 4 Rejection:

This form may be used to reverse an employee's rejection of workers compensation coverage. Please note, this copy is provided for reference only. The Kentucky Department of Workers' Claims is very particular about the filing of Form 5, please contact your Account Manager at 844-761-8400 and they will provide an original paper copy of the form for use. The document must be notarized with the employee's signature, and you must complete the employer's acknowledgment. Completed forms must be filed with the Department immediately upon receipt from the employee. To obtain an acknowledgement from the Department, include a copy and self-addressed stamped envelope with the original form. Send a copy to Omaha National for our records and retain a copy in your records for the entirety of the worker's employment.