INSTRUCTIONS FOR WITHDRAWAL OF
EMPLOYEE'S WRITTEN NOTICE OF REJECTION

Pursuant to KRS 342.395(3), a withdrawal of the notice of rejection shall not be effective as to any injury sustained or disease incurred less than one (1) week after notice is filed with the employer.

A Withdrawal of Employee's Written Notice of Rejection (Form 5) does not become effective until the **original** of the Form 5 is received from the employer and accepted for filing by the Department of Workers' Claims. Photocopies or facsimiles of this form will not be accepted. All parts of the Form 5 must be completed, as incomplete forms will not be accepted for filing.

An employer must keep on file copies of all Withdraw notices signed by current employees and open those records to inspection upon request of representatives of the Department of Workers' Claims.

Executed Withdrawal Notices (Form 5) should be mailed to:
Department of Workers' Claims
ATTENTION: Enforcement Branch
500 Mero Street, 3rd Floor
Frankfort, Kentucky 40601

If you want to have a filing of a Form 5 acknowledged by the Department, you must forward with the original, a photo static copy and a self-addressed stamped envelope.

If you have any questions, please contact the Administrative Processing Section at (502) 564-5550.

If you need to order blank forms, please submit your request to Compliance Branch at LaborKYWCCompliance@ky.gov.

FORM NO. 5
WRITTEN NOTICE OF WITHDRAWAL
(REV. 7/2010)

DEPARTMENT OF WORKERS' CLAIMS
ENFORCEMENT BRANCH
500 MERO STREET, 3RD FLOOR
FRANKFORT, KENTUCKY 40601

WRITTEN NOTICE OF WITHDRAWAL OF FORM 4 REJECTION

EMPLOYER DATA: FEDERAL ID NO. _____

EMPLOYER BUSINESS NAME _____ PHONE NO. _____

STREET ADDRESS (KY LOCATION) _____

CITY, STATE, ZIP _____

NATURE OF BUSINESS _____ NO. OF EMPLOYEES _____

EMPLOYEE DATA:

NAME _____ SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ EMPLOYEE PHONE NO. _____

CITY, STATE, ZIP _____

I HEREBY WISH TO NOTIFY THE ABOVE LISTED EMPLOYER THAT I WISH TO WITHDRAW MY EMPLOYEE'S WRITTEN NOTICE OF REJECTION EFFECTIVE _____. THE REJECTION NOTICE WAS FILED WITH THE DEPARTMENT OF WORKERS' CLAIMS ON OR ABOUT _____ (YEAR). I NOW WISH TO BE COVERED UNDER THE PROVISIONS OF THE KENTUCKY REVISED STATUTES CHAPTER 342, COMMONLY KNOWN AS THE WORKERS' COMPENSATION ACT. I HAVE FILED THIS FORM WITH MY EMPLOYER ON THIS DATE.

_____ _____
EMPLOYEE SIGNATURE DATE

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME BY _____ ON THIS
EMPLOYEE NAME

THE _____ DAY OF _____, _____.

_____
NOTARY PUBLIC

PRINTED NAME: _____

ADDRESS: _____

MY COMMISSION EXPIRES: _____

EMPLOYER'S ACKNOWLEDGEMENT OF RECEIPT AND FILING

I _____, HEREBY ACKNOWLEDGE THAT THE ABOVE-MENTIONED EMPLOYEE FILED THIS WITHDRAWAL OF THE NOTICE OF REJECTION WITH HIS/HER EMPLOYER ON THE _____ DAY OF _____, _____ AND THAT THE ORIGINAL OF THIS FORM WAS MAILED TO THE DEPARTMENT OF WORKERS' CLAIMS ON THIS DATE.

BY: _____ _____ _____
EMPLOYER TITLE DATE