STATE OF WEST VIRGINIA
Notice of Election or Rejection of Workers' Compensation Coverage

Pursuant to W. Va. Code §23-2-1(g)-(h) and W. Va. Code St. R. §85-8-6.3., certain owners, corporate officers, corporate members and members of board of directors are permitted to reject coverage under a WV workers' compensation policy.

You are attesting that in your capacity as an owner, officer, or member of a board of directors for the company described below, you are giving your workers' compensation carrier notice to:

☐ Be **excluded** from workers' compensation coverage on your workers' compensation policy.

☐ Be **reinstated** for workers' compensation coverage from which you were previously excluded.

Legal Name of Corporation, LLC or Company: _____

Federal Employer Identification Number (FEIN): _____

Business Name (DBA) if different from legal name: _____

Address of Corporation, LLC or Company: _____

Name	Position	Social Security Number	Signature	Date

By signing this document you are at risk of civil and criminal penalties, do hereby attest and swear that you serve in the above described position with _____ and that, to the best of your knowledge, you are entitled to be excluded/included in the West Virginia workers' compensation coverage for your company. If you are electing to be excluded from coverage, you understand that in the event you are injured or contract an occupational disease while working for the above stated company, you will not receive any benefits from the company's workers' compensation policy.

Please attach documentation such as a corporate secretary of state filing, certified board meeting minutes, etc. evidencing that you serve in the above described position with the company. The West Virginia workers' compensation carrier has sole discretion to accept such documentation or require additional documentation to satisfy it that you are in fact in the position represented.

A copy of this form must be filed with your current workers' compensation carrier.