STATE-SPECIFIC FORMS & DOCUMENTS

Use these forms as needed. Send copies of any completed coverage forms to Omaha National.

Form H-23R - Request for Employer Designee to Receive Notice of Employee Claims:

An employer may designate a person to receive courtesy copies of *Form C-30 - Notice of Employee's Claim*. The Commission has transitioned to an electronic form located at https://www.cognitoforms.com/MarylandWorkersCompensationCommission/EMPLOYERDESIGNEE2.

Electronic Exclusion Form:

Members of certain business types (e.g. a limited liability company) or up to five corporate officers of a business may use this form to be exempt from coverage. The Commission has transitioned to an electronic form within their CompHub portal located at https://comphub.wcc.state.md.us/Web/Public/Exclusion. The online form will generate Exclusion Signature Forms for signature(s) and for uploading to the saved submission. Upon final submission to the Commission, send a copy to Omaha National and keep a copy for your records.

Electronic Inclusion Form:

Sole Proprietors or partners of a business may use this form to elect coverage as employees. The Commission has transitioned to an electronic form within their CompHub online portal located at https://comphub.wcc.state.md.us/Web/Public/Inclusion. The online form will generate an Inclusion Signature Form for signature(s) and for uploading to the saved submission. Upon final submission to the Commission, send a copy to Omaha National and keep a copy for your records.

Electronic Joint Election Form:

The employer may use this form to elect coverage for their employees that are not already covered. The Commission has transitioned to an electronic form within their CompHub online portal located at https://comphub.wcc.state.md.us/Web/Public/JointElection. The online form will generate a Joint Election Form for signature(s) and for uploading to the saved submission. Upon final submission to the Commission, send a copy to Omaha National and keep a copy for your records.

Form IC-02 - Sole Proprietor's Status as a Covered Employee:

Sole proprietors may use this form for documentation of the submission of the Inclusion Form or that they are not electing coverage. The Commission has transitioned to an electronic form located at https://www.cognitoforms.com/MarylandWorkersCompensationCommission/FormIC02/.