State of Rhode Island, Department of Labor and Training, Workers' Compensation Unit
P.O. Box 20190, Cranston, RI 02920-0942
Phone (401) 462-8100 TDD (401) 462-8006

ELECTION BY EXEMPT CORPORATE OFFICER TO BECOME SUBJECT TO WORKERS' COMPENSATION (TITLE 28 CHAPTERS 29 through 38)

* * * * **THIS FORM ONLY APPLIES TO ANY PERSON WHO WAS APPOINTED A CORPORATE OFFICER AND WAS NOT PREVIOUSLY AN EMPLOYEE OF THE CORPORATION BETWEEN 1/1/1999 AND 12/31/2001** * * * *

I,

Name ______________________ Soc. Sec. No. ______________________

Address ______________________ Date of Birth ______________________

______________________ Corporate Title ______________________

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an officer of the following business,

Name ______________________ DBA ______________________

Address ______________________ FEIN ______________________

______________________ Insurer ______________________

______________________ Insurance Policy # ______________________

do hereby give notice in writing that I elect to become subject to the provisions of the Rhode Island Workers' Compensation Statute (Title 28 Chapters 29 through 38).

Under penalties of perjury I declare that I have examined this form and to the best of my knowledge it is true, correct and complete. I further acknowledge that false statements on the within document may subject me to criminal prosecution.

Signature ______________________ Notary Public Signature ______________________

Date ______________________ Date Commission Expires ______________________

A filing fee of five dollars ($5.00) is required with the submission of this form. Please enclose a check or money order payable to Rhode Island Department of Labor and Training. The employer should retain a copy of this form, send a copy to the insurance company and send an original to the Department of Labor and Training. The employee and employer will receive a confirmation of the filing from the Department of Labor and Training.