

DIVISION OF WORKERS= COMPENSATION
Employer Compliance Section

Rejection of Coverage by Corporate Officers or Members of a Limited Liability Company

Pursuant to C.R.S Section 8-41-202

Part A

Name of Corporation or LLC _____

Mailing Address _____

Street or P.O. Box, Unit/Suite

City

State

Zip

Business Phone (____) _____ Federal Employer Identification Number _____

Date of Incorporation or Filing of Articles of Organization ____/____/____

Nature of Business _____

Identify all corporate officers or LLC members electing to reject workers= compensation coverage:

Name	Title (if Corporation)	Percent of Shares Owned/ Membership Interest *
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under C.R.S. 8-41-202(4), Acorporate officer means Athe chairperson of the board, president, vice-president, secretary, or treasurer who is an owner of at least ten percent of the stock of the corporation and who controls, supervises or manages the business affairs of the corporation, as attested to by the secretary of the corporation at the time of the election. LLC members must own at least 10% of the membership interest in the company at all times and control, supervise or manage the business affairs of the limited liability company to be eligible to reject coverage.

Identify the number of employees of the corporation or LLC _____ Note: Any person who is an employee of the corporation or LLC and who is not eligible or does not elect to reject coverage must be insured for workers' compensation.

Name of corporation or LLC=s workers= compensation insurance carrier _____

Policy Number _____ Effective Dates _____ to _____

I, _____, in my capacity as Corporate Secretary or LLC Manager of _____, certify that the above and attached information is correct and complete.

Date: _____

Corporate Secretary or LLC Manager (Signature)

To complete this form, a separate questionnaire, Part B (see reverse side), must be completed and attached for each officer/member rejecting workers= compensation insurance coverage. Incomplete forms may be rejected. One of the following documents issued by the Secretary of State must also be submitted:

- X Corporations: Attach a copy of the Certificate of Fact of Incorporation, or the Certificate of Incorporation, or the Filed Copy of the Articles of Incorporation.
- X Foreign Corporations: Attach a copy of the Certificate of Authority.
- X Limited Liability Companies: Attach a copy of the Filed Copy of the Articles of Organization.

Important: If the corporation or LLC has a workers compensation insurance carrier, file this form by certified mail directly with that insurance carrier.

If there is no workers compensation insurance carrier, this form must be filed by certified mail with the Employer Compliance Unit of the Division of Workers= Compensation. The effective date of election is the day following receipt of said notice by the insurance carrier or the Division. If an officer or LLC member changes his/her election, a revised questionnaire must be filed.

C.R.S. Section 10-1-127(7)(a) states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

DIVISION OF WORKERS= COMPENSATION
Employer Compliance Section

Rejection of Coverage by Corporate Officers or Members of a Limited Liability Company
Part B - INDIVIDUAL OFFICER/LLC MEMBER QUESTIONNAIRE

EACH OFFICER OR MEMBER REJECTING COVERAGE MUST COMPLETE THIS PART

Name of Corporation or LLC _____

Mailing Address _____

Street or P.O. Box, Unit/Suite

City State Zip Business Phone (____) _____

Corporate Officer/LLC Member Name _____

Corporate Officer Title _____

Date Officer/Member Elected _____ Social Security Number _____

Briefly describe duties performed for the corporation or LLC _____

Mark ONE that applies:

_____ I hereby elect to reject workers= compensation insurance coverage based on C.R.S. 8-41-202 (Non-agricultural).

By signing this form, you are acknowledging your rejection of all benefits under the Workers' Compensation Act. You are further acknowledging that you are an owner of at least 10% of the stock of the corporation or at least 10% of the membership interest of the LLC at all times, and control, supervise or manage the business affairs of the corporation or LLC. The election to reject workers' compensation insurance as a corporate officer/LLC member must be completely voluntary and cannot be a condition of your employment.

_____ I hereby elect to reject workers compensation insurance coverage based on C.R.S. 80-40-302(6) (Agricultural)

_____ I hereby rescind my rejection, which I filed earlier

Corporate Officer/LLC Member Signature

Date

Sworn to before me and subscribed in my presence this _____ day of _____, 19_____.

(Seal)

My Commission Expires: _____ Notary Public _____

Important: If the corporation or LLC has a workers= compensation insurance carrier, file this form by certified mail directly with that insurance carrier. If there is no workers compensation insurance carrier, this form must be filed by certified mail with the Employer Compliance Unit of the Division of Workers= Compensation. The effective date of election is the day following receipt of said notice by the insurance carrier or the Division. If an officer or LLC member changes his/her election, a revised questionnaire must be filed.

C.R.S. Section 10-1-127(7)(a) states: **"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."**