

ACORD™ COLORADO REJECTION OF COVERAGE BY CORPORATE OFFICERS

DIVISION OF WORKERS' COMPENSATION
EMPLOYER COMPLIANCE UNIT
1515 ARAPAHOE ST, TOWER 2, SUITE 520
DENVER, CO 80202

WC 43 - REV 11-91

This form must be completed in full and be accompanied by a copy of the Certificate of Incorporation or it may be considered null and void.

Name of Corporation _____ Date of Incorporation _____

Nature of Business _____

A copy of the Certificate of Incorporation is attached

Basis for rejection of coverage:

C.R.S. 8-40-302(6) (Agricultural Corporation)
 C.R.S. 8-41-202 (Non-agricultural)

Identify all corporate officers:

<u>Name</u>	<u>Title</u>	<u>Date of Election to Office</u>	<u>% of Shares Owned</u>

Identify corporate officers electing to reject workers' compensation coverage:

<u>Name</u>	<u>Title</u>	<u>Signature</u>

Identify the number of employees of the corporation who are covered by Workers' Compensation Insurance: _____

Name of corporation's workers' compensation insurance carrier: _____

Policy No. _____

I, _____, Secretary of _____, do hereby certify that the above information is correct and complete.



Secretary

Date: _____

Copies of this form must be filed with the Insurance Compliance Section of the Division of Workers' Compensation and with the corporation's insurance carrier, if any.

The effective date of election will be 12:01 A.M. of the first business day following the date received by the Division of Workers' Compensation and the insurance carrier. If an officer changes his/her election, another form must be filed.

EACH OFFICER OF MEMBER REJECTING COVERAGE MUST COMPLETE THIS PART

Corporate Officer/LLC Member Name _____

Corporate Officer Title _____ Date Officer/Membership Effective _____

Briefly describe duties performed for Corporation or LLC _____

Mark ONE that applies:

I hereby elect to reject workers' compensation insurance coverage based on C.R.S. sec. 8-40-302(6) (Agricultural).

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

I hereby rescind my rejection previously filed with the Division of Workers' Compensation, Employer Compliance Unit.

By signing this form, you are acknowledging your rejection of all benefits under the Workers' Compensation Act. 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. Any changes to this election must be reported to the Division of Workers' Compensation, Employer Compliance Unit.

Corporate Officer/LLC Member Signature Date

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

My Commission Expires _____

(Seal)

Notary Public

Important: If the corporation or LLC has an insurance carrier, contact that carrier for their form and file that form directly with the insurance carrier. If there is no 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 of LLC member changes his/her election, a revised questionnaire must be filed.