

The use of this form is required under the provisions of Code Section 34-9-2.1 of the Workers' Compensation Law if a corporate officer desires to reject or revoke rejection of coverage.

**NOTICE TO REJECT OR REVOKE REJECTION**

I, \_\_\_\_\_, certify that I am an officer

of \_\_\_\_\_.

Office Held \_\_\_\_\_.

\_\_\_\_\_ I elect to reject the provisions of the Georgia Workers' Compensation Law

\_\_\_\_\_ I elect to revoke the previous rejection of \_\_\_\_\_  
(DATE)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_

**A COPY OF THIS FORM MUST BE FILED WITH YOUR CURRENT WORKERS' COMPENSATION CARRIER. IF YOU DO NOT HAVE A CARRIER, THIS FORM MUST BE FILED WITH THE STATE BOARD OF WORKERS' COMPENSATION AT 270 PEACHTREE STREET, N.W., ATLANTA, GEORGIA 30303-1299.**

**(Note: No more than five corporate officers may be exempted.)**

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. Code Sections 34-9-18 and 34-9-19).