

**REJECTION OF COVERAGE UNDER
THE VIRGINIA WORKERS' COMPENSATION ACT**

Pursuant to the provisions of section 65.2-300 of the Virginia Workers' Compensation Act, the undersigned hereby rejects the right to claim compensation benefits on account of injuries by accident sustained under the Act.

This _____ day of _____, 19 _____

Witness

Name & title of executive officer (print or type)

A copy of this notice must be handed to the employee or sent by registered mail.

Signature of executive officer

An additional copy showing completion of the certificate on the reverse side by the employer must be forwarded to:

Address

Virginia Workers' Compensation
Commission
1000 DMV Drive
Richmond, VA 23220

Employer

VWC Form No. 16A (rev 10/1/91)

Address

(See certificate on reverse side)

CERTIFICATE OF EMPLOYER

Receipt of the foregoing rejection of the Workers' Compensation Act on _____ ,
19 _____ is acknowledged herewith.

Date person rejecting Act was employed

Employer

Insurance carrier

Address of employer

Policy number

Policy period

By (signature)

Title