

This form is to be used under the provisions of Code Section 34.9-2.2 of the Workers' Compensation Law if a sole proprietor or partner desires to be included as an employee.

NOTICE TO ELECT COVERAGE

I, _____, certify that I am a

_____ Sole Proprietor

_____ Partner

of _____ and hereby elect to be covered as an employee under the provisions of the Georgia Workers' Compensation Law.

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).