

**ACORD™ PENNSYLVANIA EXECUTIVE OFFICERS AFFIDAVIT**

**SUBMIT TO:**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF LABOR AND INDUSTRY  
BUREAU OF WORKERS' COMPENSATION  
1171 S. CAMERON STREET, ROOM 103  
HARRISBURG, PA 17104-2501

Name of Corporation \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Corporate Entity # \_\_\_\_\_

I, \_\_\_\_\_, do hereby  
(EXECUTIVE OFFICER)

knowingly and voluntarily elect not to be an employee of \_\_\_\_\_  
(CORPORATION)

and waive any and all benefits and rights to which I might be entitled under the Pennsylvania Workers' Compensation Act (77 P.S. 1, et seq.).

I do hereby state and affirm that I am either an executive officer of a Subchapter S corporation or an executive officer with at least a 5% interest in a Subchapter C corporation, as defined by the act of March 4, 1971 (P.L. 6, No. 2), known as the Tax Reform Code of 1971.

I verify that the facts set forth in the attached Application for Executive Officer Exception from the Provisions of the Pennsylvania Workers' Compensation Act are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
(SIGNATURE OF EXECUTIVE OFFICER)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE NUMBER)