

NAME OF ENTITY: \_\_\_\_\_

FEIN: \_\_\_\_\_

- LEGAL FORM OF ENTITY:
- SOLE PROPRIETOR
- PARTNERSHIP
- CORPORATION
- LIMITED LIABILITY COMPANY (LLC)

**PERSONS ELIGIBLE FOR EXCLUSION BY LEGAL ENTITY****SOLE PROPIETOR:** Spouse, Child, Parent**PARTNERSHIP:** Partner

**CORPORATION:** Executive Officers may elect exclusion if corporation has ten or fewer stockholders and the executive officer owns at least ten (10) percent of the stock. A corporate board resolution authorizing exclusion is to be executed.  
**(Certified Resolution/Consent Form must also be completed)**

**LIMITED LIABILITY COMPANY:** Member/Managers of a Limited Liability Company may elect exclusion if the LLC has ten or fewer members and the member is also a manager who owns at least a ten (10) percent interest. Exclusion must be approved by majority vote of members or if more than one manager, all managers who are also members.  
**(Certified Resolution/Consent Form must also be completed)**

**LIST PERSONS TO BE EXCLUDED**

NAME	TITLE OR RELATIONSHIP	% OF STOCK OWNED	SIGNATURE	DATE

It is understood and agreed that I (we), whose signature(s) appear above, wish to be excluded from all benefits normally provided on the Workers Compensation and Employers Liability Policy. This is to apply to current and renewal policies.

**THIS FORM NOT VALID UNLESS COMPLETELY FILLED OUT**

**CERTIFIED RESOLUTION/CONSENT FORM**

**CORPORATE BOARD RESOLUTION**

**I hereby certify that I am the secretary of \_\_\_\_\_, a corporation duly organized and existing under the law of the State of \_\_\_\_\_, and that the following is a true copy of a resolution duly adopted by its Board of Directors and that said resolution is in conformity with the Articles of Incorporation and By-laws of the Corporation and is now in full force and effect.**

WHEREAS, the named persons of \_\_\_\_\_, elect to be excluded from the corporation's Workers Disability Compensation Insurance policy and further certify that each person listed on the Specific Person Exclusion Form meets the requirements of Section 161 (4) of the Workers' Disability Compensation Act which states as follows:

"An employee who is subject to this act, including an employee of a corporation which has not more than ten (10) stockholders and who is an officer and stockholder who owns at least 10% of the stock of that corporation, with the consent of the corporation as approved by its Board of Directors, may elect to be individually excluded from this act by giving a notice of the election in writing to the carrier with the consent of the corporation endorsed on the notice. The exclusion shall remain in effect until revoked by the employee by giving notice in writing to the carrier. While the exclusion is in effect, section 141 shall not apply to any action brought by the employee against the corporation," and

WHEREAS, the filing of this exclusion shall also be consistent with the law of the State of Michigan.

**In witness thereof, I have hereunto subscribed my name and attest to the following resolution,**

the \_\_\_\_\_ day of \_\_\_\_\_.

By: \_\_\_\_\_

**Its Secretary**

**LIMITED LIABILITY COMPANY CONSENT**

The members listed on the Specific Persons Exclusion Form are also managers of \_\_\_\_\_, a limited liability company. The LLC has no more than ten (10) members and each member has at least 10% interest in the LLC.

By a majority vote of the members of the LLC, the members consent to the exclusion of its members from coverage afforded pursuant to the Michigan Workers' Disability Compensation Act.

It is understood and agreed that by signing this application for exclusion from coverage, I (we) elect to be excluded from all benefits otherwise afforded under the Michigan Workers' Disability Compensation Act pursuant to the Workers' Compensation and Employers Liability Policy.

On this \_\_\_\_\_ day of \_\_\_\_\_.

By: \_\_\_\_\_

**Member/Manager, certifying a majority vote of members**