WC-10 NOTICE OF ELECTION OR REJECTION OF WORKERS' COMPENSATION COVERAGE

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE OF ELECTION OR REJECTION OF WORKERS' COMPENSATION COVERAGE

The use of this form is required under the provisions of: (A) O.C.G.A. §34-9-2.1 of the Workers' Compensation Law if a corporate officer or limited liability company member elects to reject coverage; (B) O.C.G.A. §34-9-2.2 if a sole proprietor or partner elects to be included as an employee; or, (C) O.C.G.A. §34-9-2.3 if a farm labor employer elects to provide coverage for farm laborers.

A. CORPORATION / LIMITED LIABILITY COMPANY

I, _____ , certify that I am a member of _____
(Type or Print Name) (Employer)

_____ _____
(Office Held) (Street Address)

_____
(City / State / Zip Code)

❑ I elect to reject the provisions of the Georgia Workers' Compensation Law.

❑ I elect to revoke the previous rejection of _____
(Date)

(NOTE: A maximum of five (5) officers / members may be exempted)

B. SOLE PROPRIETOR OR PARTNER

I, _____ , certify that I am a ❑ Sole Proprietor ❑ Partner of _____
(Business Name)

❑ I elect to be covered under the provisions of the Georgia Workers' Compensation Law.

❑ I elect to revoke the previous election of _____
(Date)

C. FARM LABOR

I, _____ , certify that as the employer or representative of _____ , that
(Business Name)

❑ I elect to provide Workers' Compensation coverage for farm laborers.

❑ I elect to revoke the previous election of _____
(Date)

D. CERTIFICATION

❑ I hereby certify that the information listed is true and correct

Print Name	Business Phone Number and Ext.	Signature

Business Address

Dated this _____ Day of _____ / _____
(Month) (Year)

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: DO NOT SEND TO THE BOARD IF THERE IS INSURANCE COVERAGE.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

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. §34-9-18 AND §34-9-19).