State of Rhode Island, Department of Labor and Training, Workers' Compensation Unit
P.O. Box 20190, Cranston, RI 02920-0942
Phone (401) 462-8100 TDD (401) 462-8006

ELECTION BY EXEMPT CORPORATE OFFICER TO BECOME SUBJECT TO WORKERS' COMPENSATION (TITLE 28 CHAPTERS 29 through 38)

*** * * * THIS FORM ONLY APPLIES TO ANY PERSON WHO WAS APPOINTED A CORPORATE OFFICER AND WAS NOT PREVIOUSLY AN EMPLOYEE OF THE CORPORATION BETWEEN 1/1/1999 AND 12/31/2001 * * * ***

I,

Name _____ Soc. Sec. No. _____

Address _____ Date of Birth _____

_____ Corporate Title _____

_____

an officer of the following business,

Name _____ DBA _____

Address _____ FEIN _____

_____ Insurer _____

_____ Insurance Policy # _____

do hereby give notice in writing that I elect to become subject to the provisions of the Rhode Island Workers' Compensation Statute (Title 28 Chapters 29 through 38).

Under penalties of perjury I declare that I have examined this form and to the best of my knowledge it is true, correct and complete. I further acknowledge that false statements on the within document may subject me to criminal prosecution.

Signature _____ Notary Public Signature _____

Date _____ Date Commission Expires _____

A filing fee of five dollars ($5.00) is required with the submission of this form. Please enclose a check or money order payable to Rhode Island Department of Labor and Training. The employer should retain a copy of this form, send a copy to the insurance company and send an original to the Department of Labor and Training. For a dated, receipt copy, include a copy with the original sent to the Department of Labor and Training with a SELF-ADDRESSED, STAMPED ENVELOPE. The original and copy will be date stamped. The original will be retained for our files. The stamped copy will be returned in the envelope provided.