

Workers' Compensation Insurance
Exempt Person: Owner or Executive
REJECTION FORM

Date: _____ **Named Insured:** _____

Organized As: _____
(Sole Proprietor / General Partnership / Corp / LLC / LLP / other)

Named Individual: _____

Title: _____

Exempt Owner:

_____ YES NO _____ over 25% ownership (*only exempt when in your own for-profit business*)

Exempt Executive:

_____ YES NO _____ Title listed above is in the bylaws (either for-profit or not-for-profit)

FOR PROFIT

_____ YES NO _____ for-profit & more than 0% but less than 25% ownership
(*only exempt when in own for-profit & office in bylaws*)

NOT FOR PROFIT

_____ YES NO _____ not-for-profit organization
(*only exempt if not-for-profit & office in bylaws & \$1k comp.*)

_____ YES NO _____ not-for-profit annual compensation of \$1,000 or more

I, the undersigned, **hereby elect NOT to bring myself within the provisions of the Nebraska Workers' Compensation Act** as an employee of the Named Insured. I understand that **if** during the policy period, my **status** as an exempt owner or my status as an exempt executive **changes**, and/or I desire to be covered as an employee of the Named Insured for purposes of workers' compensation, **then it is my responsibility to CHANGE in writing my election regarding workers' compensation coverage**, and that coverage will be effective upon receipt of my written election by the insurer.

I also understand that my exempt status exists only when I am working within the Named Insured; and I might or might not be an employee when working for some other employer. My exempt status might not exist when working for some other employer if the Ten Point Test indicates I'm an employee instead of an independent contractor.

Signature: . _____

On behalf of the Named Insured, I acknowledge that it is the **Named Insured's responsibility to ensure** that **exempt** owners and exempt executive **elect** workers' compensation coverage **in writing**, and that coverage will be effective upon receipt of by the insurer of written election. I **further** acknowledge that **if** during the policy period, the exempt status of a person **changes**, and/or that person desires to be covered as an employee of the Named Insured for purposes of workers' compensation, **then it is the Named Insured's responsibility to ensure** that that person **updates in writing** the election regarding workers' compensation coverage.

Signature: . _____

Title: . _____