

safety pays!



CAMComp

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Workers' Compensation Plan
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OFFICER NOTICE OF EXCLUSION

GROUP WORKERS' COMPENSATION SELF-INSURANCE FUND

A. Section 161(2) of the Workers' Disability Compensation Act of 1969 states:

A policy or contract of workers' compensation insurance, by endorsement, may exclude coverage as to any 1 or more named partners or the spouse, child, or parent in the employers' family. A person excluded pursuant to this subsection shall not be subject to this act and shall not be considered an employee for purposes of section 115.

B. If an employee wishing to be excluded, is an officer of the corporation, or a member of a Limited Liability Company and owns 10% or more of the stock, a resolution of the Board of Directors allowing this action must also be completed along with section H of this form.

C. Company Name
Address

D. Company Phone ()

E. Company Federal ID

F. Type of Business Sole Proprietorship Partnership Corporation Limited Liability Company

G. PERSONS SIGNING BELOW CERTIFY THAT THEY ARE ELGIBLE TO BE EXCLUDED UNDER THE MICHIGAN WORKERS' DISABILITY COMPENSATION ACT. EACH PERSON SIGNING THIS FORM VOLUNTARILY ELECTS TO BE EXCLUDED FROM BEING CONSIDERED AN EMPLOYEE UNDER THE ACT AND COVERAGE FROM THIS GROUP WORKERS' COMPENSATION SELF-INSURANCE FUND FOR THE CURRENT POLICY PERIOD.

Table with 4 columns: NAME OF EMPLOYEE, TITLE, SIGNATURE OF EMPLOYEE, SOCIAL SECURITY #. Rows 1-5 with checkboxes for Corporate officer, Partner, Spouse, Child, Parent.

COMPLETED BY: _____

DATE: _____