

**North Carolina / South Carolina / Virginia  
Notice of Election or Rejection of Workers' Compensation Coverage**

Note: \*\*Sole Proprietors, Partners and Members of an LLC are excluded from the NC/SC/VA workers' compensation laws and benefits unless coverage is elected in writing.

\*\*Executive Officers of a Corporation are included under the NC/SC/VA workers' compensation laws and benefits unless coverage is rejected in writing.

\*\*Virginia- Members of an LLC are included under the VA workers' compensation laws and benefits are provided, unless coverage is rejected in writing. This form should not be used for VA LLC's with only 1 member.

_____ <b>Business Name</b>	_____ <b>Domicile State</b>
_____ <b>F.E.I.N or SSN</b>	<p align="center"><b><u>Business Entity Type</u></b></p> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. LLC <input type="checkbox"/> Partnership or Sole Proprietor <input type="checkbox"/> Other _____

<b><u>Included</u></b>	<b><u>Excluded</u></b>		
( )	( )	_____	Date- _____
		Signature	
		_____	
		Name and Title (Print)	
( )	( )	_____	Date- _____
		Signature	
		_____	
		Name and Title (Print)	
( )	( )	_____	Date- _____
		Signature	
		_____	
		Name and Title (Print)	