

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. The election of corporate officers or LLC members to reject coverage shall not affect a corporate officer or LLC member being included in the count of the requisite number of employees. Any employer subject to this chapter pursuant to code Section §34-9-2(a) before the filing of any exemptions shall remain subject to this chapter without regard to the number of exemptions. **THIS FORM IS NOT A WAIVER OF COVERAGE AND SHOULD NOT BE ACCEPTED AS A WAIVER OF COVERAGE.**

A. CORPORATION / LIMITED LIABILITY COMPANY	
I, _____, certify that I am a member of _____	
(Type or Print Name)	(Employer)
_____	_____
(Office Held)	(Street Address)
<input type="checkbox"/> I elect to reject the provisions of the Georgia Workers' Compensation Law.	_____ (City / State / Zip Code)
<input type="checkbox"/> 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	
<input type="checkbox"/> Sole Proprietor of _____	(Business Name)
<input type="checkbox"/> Partner	
<input type="checkbox"/> I elect to be covered under the provisions of the Georgia Workers' Compensation Law.	
<input type="checkbox"/> I elect to revoke the previous election of _____	
	(Date)

C. FARM LABOR	
I, _____, certify that as the employer or representative of _____, that	
	(Business Name)
<input type="checkbox"/> I elect to provide Workers' Compensation coverage for farm laborers.	
<input type="checkbox"/> I elect to revoke the previous election of _____	
	(Date)

D. CERTIFICATION		
<input type="checkbox"/> I hereby certify that the information listed is true and correct, this the _____, day of _____, 20_____.		
Print Name	Business Phone Number and Ext	Signature
Business Address		
<p>A COPY OF THIS FORM MUST BE FILED WITH YOUR CURRENT WORKERS' COMPENSATION CARRIER. IF YOU DO NOT HAVE A CARRIER, AND THE BUSINESS HAS 3 TO 5 CORPORATE OFFICERS OR LIMITED LIABILITY MEMBERS AND NO EMPLOYEES, 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.</p>		

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).

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

The primary purpose of the State Board of Workers' Compensation's Board Form WC-10 is to elect or reject workers' compensation insurance coverage in conjunction with the purchase of a policy for said coverage. For the purpose of making this election or rejection, the form will be filled out by your insurance agent and filed with the insurance carrier accepting the coverage. [See O.C.G.A. §34-9-2.1 and 2.3]

In the alternative, Board Form WC-10 may also be used by a corporation or LLC pursuant to O.C.G.A. §34-9-2.2 to reject coverage of up to five (5) corporate officers or LLC members when the corporation or LLC has no additional employees which would require the business to obtain coverage. Any business which regularly employs three (3) or more persons must obtain a policy for workers' compensation insurance. Corporate Officers and LLC members are included in this number regardless of their election to be exempt. If, after the filing of up to five (5) exemptions the business has no employees, then Board Form WC-10 shall be filed with the State Board of Workers' Compensation.

Many small business owners without employees mistakenly believe Board Form WC-10 to constitute a waiver of coverage that can be presented to a general or principal contractor as proof of exemption by waiver. This is incorrect. Although your business may not be required by law to have workers' compensation insurance coverage by employing fewer than the requisite number of employees, a general or principal contractor for whom you perform work may contractually require you to provide a policy for workers' compensation insurance. You, the owner of your business, can elect to accept this condition of your contract by purchasing a minimum premium policy from an independent insurance agent licensed by the State of Georgia. In the alternative, the general or principal contractor can elect to withhold a premium amount from money paid to you for your services. If this occurs, you will be covered under the contractor's workers' compensation policy.

Some states offer formal waivers of workers' compensation insurance through an application and fee process. Georgia does not offer a waiver program.

If you have any additional questions, you may refer to the Board's website at www.sbwc.georgia.gov or call the Enforcement Division at (404) 657-7285.

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).