

WORKERS' COMPENSATION COMMISSION

6 North Liberty Street
 Baltimore, Maryland 21201-3785
 TEL: (410) 767-0900 OR (1-800) 492-0479
 TTY FOR DEAF (MDST): (1-800) 735-2258

Date Stamp – WCC Use Only

EXCLUSION FORM

Pursuant to the provisions of Labor & Employment Article § 9-206 of the Annotated Code of Maryland, officers or members of a Corporation, Close Corporation, Professional Corporation, or Limited Liability Company are covered employees if the officer or member provides a service for monetary compensation. Such officers or members who satisfy the criteria of Labor & Employment Article § 9-206(b) may elect to become excluded from coverage by filing this Exclusion Form with the Commission.

To exercise this option, any officer or member from the aforementioned types of organizations wishing to be excluded must sign this document. **NOTE: By signing this Exclusion Form below, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.**

DATE: _____

COMPANY'S NAME: _____

TYPE OF COMPANY: (Circle One) Corporation, Close Corporation, Professional Corporation, Limited Liability Company

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

| Typewritten Name and Title of Officer or Member Electing Exclusion | % of Ownership | Personal Signature |
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IMPORTANT: Submit original form to the Workers' Compensation Commission, a copy to the insurer of the corporation, and keep a copy for your files.