

WORKERS' COMPENSATION ELECTION OF COVERAGE

Minnesota Workers' Compensation law (Minn. § Stat. 176.041) exempts coverage for the following employed persons and their spouses, parents or children (regardless of age or wage rate):

1. An individual owner of a business (a sole proprietorship).
2. A partner or partners of a partnership.
3. Executive officers of a closely held corporation in which the corporation has
 - capital stock held by no more than 10 persons.
 - less than 22,880 hours of payroll in the previous calendar year.
 - If both are applicable, only executive officers owning 25% or more of the stock are excluded and must elect to be included.
4. Managers of Limited Liability Companies in which the LLC has:
 - 10 or fewer members (i.e., owners)
 - less than 22,880 hours of payroll in the previous calendar year,
 - If both are applicable, only managers who own at least 25% membership interest are excluded and must elect to be included.

Please complete this form with the name and title or relationship of all employed persons listed above. Indicate by checking the appropriate box whether each person is to remain excluded for coverage or whether coverage is desired.

Please print or type

I N C L U D E	E X C L U D E	Name of sole proprietor, partner, corporate officer or manager of LLC electing or rejecting coverage.	Title (and % of ownership)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

SIGNATURE _____ **TITLE** _____ **DATE** _____

I N C L U D E	E X C L U D E	Name of spouse, parent or child for whom insured is electing or rejecting coverage.	Relationship
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

SIGNATURE _____ **TITLE** _____ **DATE** _____

Return to SFM, P O BOX 582918, Minneapolis MN 55458-2918 OR FAX (952) 838-2050

Named Insured:
Policy Number :