

Nebraska Workers' Compensation Reversal of Election of Coverage for Corporations

The Executive officers named below previously elected to be covered for workers' compensation under Nebraska workers' compensation law chapter 48-115.

I, we, as Executive Officers request a change in the election of workers compensation coverage. At this time, I,we wish to discontinue our election, and understand that I,we will no longer be covered for workers compensation by this policy.

An endorsement will be issued to the policy stating the change in coverage. The effective date of the endorsement will be the day after receipt of this form.

Executive Officers choosing to not be covered for workers compensation under this policy.

Name (Please Print): _____

Title: _____

Signature: _____ Date: _____

Name (Please Print): _____

Title: _____

Signature: _____ Date: _____

Name (Please Print): _____

Title: _____

Signature: _____ Date: _____

Return to SFM, PO BOX 582918, Minneapolis MN 55458-2918 or FAX (952) 838-2050

Named Insured:

Policy Number: