

**SECTION 304.2 APPLICATION FOR RELIGIOUS EXCEPTION OF
SPECIFIED EMPLOYEES FROM
THE PROVISIONS OF THE PENNSYLVANIA
WORKERS' COMPENSATION ACT**

1. Name of employer _____ FEIN# _____
2. Address _____
3. Employer is Sole Proprietor Partnership Corporation
4. Total number of employees for whom exception is sought _____
5. List the name, address, Social Security Number and date of birth for each employee requesting exception under the Pennsylvania Workers' Compensation Act. **NOTE:** For each employee listed, one of the following must be submitted with this form: An executed and notarized copy of Form LIBC-14B, Employee's Affidavit and Waiver of Worker's Compensation Benefits and Statement of Religious Sect; or a previously issued LIBC-14C, Certification of Religious Exception, even if issued for a different employer; or an approved IRS Form 4029, Application For Exemption From Social Security and Medicare Taxes and Waiver of Benefits.
- (1) Name of employee _____ S.S. # _____
Address _____ Date of Birth _____
Full name of religious sect including division thereof: _____

Religious Sect Leader Name _____
Address _____ Phone No. _____
- (2) Name of employee _____ S.S. # _____
Address _____ Date of Birth _____
Full name of religious sect including division thereof: _____

Religious Sect Leader Name _____
Address _____ Phone No. _____

NOTE: If additional employees, check here and attach separate list(s).

This application **must be** signed by the employer or, if a corporation, an officer thereof as set forth below.

Employer's signature

Employer's name (typed/printed)

Officer and title

Telephone

**Note: If not filing electronically, send the original to: Bureau of Workers' Compensation
Compliance Section, 651 Boas Street,
8th Floor, Harrisburg, PA 17121-0750**

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Compliance
Division**
717.787.3567

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-libwc-compliance@pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program