pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

EXECUTIVE OFFICER'S DECLARATION

INSTRUCTIONS: Each executive officer having an ownership interest in a corporation seeking exemption must complete an original declaration for submission with the Corporation's Application for Executive Officer Exception. The total ownership interest of all declarations combined must equal 100 percent.

I, the below named Executive Officer, do hereby knowingly and voluntarily elect not to be an employee of the below named corporation for purposes of the Pennsylvania Workers' Compensation Act, and waive any and all benefits and rights which I might be entitled under the Pennsylvania Workers' Compensation Act (77 P.S. §1, et seq.).

I do hereby state and affirm that I am an executive officer who: (check only one box)

- ☐ Has an ownership interest in a Subchapter S corporation as defined by the Federal Tax Reform Code of 1971.
- ☐ Hasat least 5 percent ownership interest in a Subchapter C corporation as defined by the Federal Tax Reform Code of 1971.
- ☐ Serves voluntarily and without remuneration in a nonprofit corporation.

I, the undersigned, verify that the facts set forth in this Executive Officer's Declaration are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Executive Officer's signature _____ Date MM - DD - YYYY

Corporation's full legal name

Title of executive officer

First name

Date of Birth MM - DD - YYYY

Middle name

Social Security Number - -

Last name

Suffix (ex: Jr.)

Percentage of ownership

Telephone -

ADDRESS (Business or residence address acceptable)

City

State

ZIP -

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	Claims Information Services	Hearing Impaired	Email
717.787.3567	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-li-bwc-compliance@pa.gov

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