

WORKERS COMPENSATION WAIVER

ALL EMPLOYERS MUST PROVIDE EVIDENCE OF COMPLIANCE WITH THE INSURANCE REQUIREMENTS OF THE IOWA WORKERS COMPENSATION as required by Iowa Code Chapters 85 through 87, 17A and Chapter 876 of Iowa Code.

Generally, an employer with one or more employees must carry Workers Compensation insurance to cover those employees. An individual employer, partner, limited liability company member, self-employed person OR corporate executive officer owning 25% or more of the common stock is not required to be covered, but may elect to be covered if he/she is engaged in the business on a substantially full-time basis or is a qualifying corporate officer. If an individual employer etc. elects to be covered, he/she must file written notice of such election with his/her current Workers Compensation insurer. Also, every officer of a corporation, other than those described above, is considered to be an employee of the corporation. Non-profit corporate officers who receive annual compensation of one thousand dollars or less from the corporation are not considered employees unless they elect to be covered.



EACH BUSINESS SHOULD COMPLY WITH ONE OF THE FOLLOWING OPTIONS.

1) Obtain Workers Compensation Insurance. This is required if (1) the business has any employees, (2) the business is a sole proprietorship, partnership, or limited liability company and the individual owner, partner or limited liability company member has elected to be covered under the Iowa Workers Compensation Act, or (3) the business is a corporation and any of the executive officers who own 25% or more of the common stock has elected to be covered under the Iowa Workers Compensation Act.

2) A signed statement (see below) that the business is a sole proprietor, partnership, limited liability company or corporation that has no employees and that no individual owner, partner, limited liability company member or eligible corporate officer has elected to be covered under the Iowa Workers Compensation Act.



BUSINESS NAME _____

PLEASE SIGN THE STATEMENT THAT APPLIES TO YOUR BUSINESS.

I am a sole proprietorship. I have no employees and I, as an individual employer, have not elected to be covered under the Iowa Workers Compensation Act.

Signature of SOLE OWNER _____ Date _____

We are a partnership, we have no employees and we, as partners, have not elected to be covered under the Iowa Workers Compensation Act.

Signature of PARTNER _____ Date _____

Signature of PARTNER _____ Date _____

We are a limited liability company, we have no employees and we, as limited liability company members, have not elected to be covered under the Iowa Workers Compensation Act.

Signature of MEMBER _____ Date _____

Signature of MEMBER _____ Date _____

We are a corporation, we have no employees and no eligible corporate executive officer has elected to be covered under the Iowa Workers Compensation Act.

Signature of OFFICER & TITLE _____ Date _____

Signature of OFFICER & TITLE _____ Date _____

Signature of OFFICER & TITLE _____ Date _____

Signature of OFFICER & TITLE _____ Date _____