

**ELECTION BY EXEMPT CORPORATE OFFICER TO BECOME SUBJECT TO WORKERS' COMPENSATION  
(TITLE 28 CHAPTERS 29 through 38)**

**\* \* \* \* THIS FORM ONLY APPLIES TO ANY PERSON WHO WAS APPOINTED A CORPORATE OFFICER  
AND WAS NOT PREVIOUSLY AN EMPLOYEE OF THE CORPORATION  
BETWEEN 1/1/1999 AND 12/31/2001 \* \* \* \***

I,

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Corporate Title \_\_\_\_\_  
\_\_\_\_\_

an officer of the following business,

Name \_\_\_\_\_ DBA \_\_\_\_\_  
Address \_\_\_\_\_ FEIN \_\_\_\_\_  
\_\_\_\_\_ Insurer \_\_\_\_\_  
\_\_\_\_\_ Insurance Policy # \_\_\_\_\_

do hereby give notice in writing that I elect to become subject to the provisions of the Rhode Island Workers' Compensation Statute (Title 28 Chapters 29 through 38).

Under penalties of perjury I declare that I have examined this form and to the best of my knowledge it is true, correct and complete. I further acknowledge that false statements on the within document may subject me to criminal prosecution.

Signature \_\_\_\_\_ Notary Public Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date Commission Expires \_\_\_\_\_

A filing fee of five dollars (\$5.00) is required with the submission of this form. Please enclose a check or money order payable to Rhode Island Department of Labor and Training. The employer should retain a copy of this form, send a copy to the insurance company and send an original to the Department of Labor and Training. The employee and employer will receive a confirmation of the filing from the Department of Labor and Training.