

43636 Woodward Ave, Suite 400 Bloomfield Hills MI 48302

Phone: 586.790.7810

Fax: 586.790.7929

Website: www.camcompnet

OFFICER NOTICE OF EXCLUSION

GROUP WORKERS' COMPENSATION SELF-INSURANCE FUND

A. Section 161(2) of the Workers' Disability Compensation Act of 1969 states:

A policy or contract of workers' compensation insurance, by endorsement, may exclude coverage as to any 1 or more named partners or the spouse, child, or parent in the employers' family. A person excluded pursuant to this subsection shall not be subject to this act and shall not be considered an employee for purposes of section 115.

В.	If an employee wishing to be Liability Company and own this action must also be con	as 10% or more of the	stock, a resolution o		
C.	Company Name				
٠.	Address				
	_				
D.	Company Phone	()			
Ε.	Company Federal ID				
F	Type of Business	Sole Proprietorship	Г	Corporation	nn
		Partnership	ŀ		iability Company
~	_		•		
G.	PERSONS SIGNING BELOW CERTIFY THAT THEY ARE ELGIBLE TO BE EXCLUDED UNDER THE MICHIGAN				
	WORKERS' DISABILITY COMPENSATION ACT. EACH PERSON SIGNING THIS FORM VOLUNTARILY ELECTS TO BE EXCLUDED FROM BEING CONSIDERED AN EMPLOYEE UNDER THE ACT AND COVERAGE FROM THIS GROU				
	WORKERS' COMPENSATION SELF-INSURANCE FUND FOR THE CURRENT POLICY PERIOD.				
Η.	NAME OF EMPLOYEE	TITLE	SIGNATURE OF E	EMPLOYEE	SOCIAL SECURITY #
	1				
	Corporate officer	Partner	Spouse	Child	Parent
	2				
	Corporate officer	Partner	Spouse	Child	Parent
	3				
	Corporate officer	Partner	Spouse	Child	Parent
	4				
	Corporate officer	Partner	Spouse	Child	Parent
	5				
	Corporate officer	Partner	Spouse	Child	Parent
	GOVER EMED 237			D.1 mm	
	COMPLETED BY:			DATE:	