Commonwealth of Pennsylvania Department of Labor & Industry Bureau of Workers’ Compensation COMPLIANCE SECTION

1171 S. Cameron Street, Room 103

Harrisburg PA 17104-2501 (717)787-3567

**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%. See the Form Completion Hints on the reverse side for additional information and the Application for Executive Officer Exception for filing instructions.

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 to 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.

Has at least 5% ownership interest in a Subchapter C corporation as defined by the Federal Tax Reform Code of 1971. Serves voluntarily and without remuneration for 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.**

Month Day Year

**Signature of Executive Officer Date lblMM lblDD lblYYYY**

Corporation’s Full Legal Name

lblCORPORATIONS1 lblFULL1 lblLEGAL1 lblNAME

Title of Executive Officer

lblTITLE1 lblOF1 lblEXECUTIVE1 lblOFFICER1

First Name

lblFIRST1

Middle Name

Last Name

**513 0705**

lblLAST1

Suffix (ex: Jr.) Social Security Number Percentage of Ownership Telephone

lblSUFFIX1 lblSSS1 lblAA1 lblBBBB1 lblPER% lblCODE lblDIG1 lblNUMBER1

Address (Business or residence address acceptable)

lblADDRESS1 lblOF1 lblBUSINESS1 lblOR1 lblRECIDENTIAL1

City State Zip

-

lblCITYPLACE lblCODE1 lblZIP1 lblZIP2

For Bureau Use ONLY….

LIBC-513 REV 7-05 (Page 1)