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**

I, the below named Executive Officer, do hereby knowingly and voluntarily elect not to be an employee of the below named corporation for

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.

ourposes 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.).
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 unsworr falsification to authorities.
Month Day Year
Signature of Executive Officer Date
Corporation's Full Legal Name
Title of Executive Officer
First Name
513 0705
Middle Name
Last Name
Suffix (ex: Jr.) Social Security Number Percentage of Ownership Telephone
Sum (ex. of.) Social Security Number Percentage of Switchiship Telephone
Address (Business or residence address acceptable)
City State Zip

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