

# WORKERS' COMPENSATION COMMISSION

10 East Baltimore Street  
Baltimore, Maryland 21202-1641  
TEL: (410) 864-5100 or 1 (800) 492-0479  
TTD (MD Relay Service): 1(800)735-2258  
<http://www.wcc.state.md.us>

Date Stamp - WCC Use Only
---------------------------

## EXCLUSION FORM

Pursuant to the provisions of Labor & Employment Article § 9-206 of the Annotated Code of Maryland, officers or members of a Farm Corporation, Close Corporation, Professional Corporation, or Limited Liability Company are covered employees if the officer or member provides a service for monetary compensation. Such officers or members who satisfy the criteria of Labor & Employment Article § 9-206(b) may elect to become excluded from coverage by filing this Exclusion Form with the Commission.

To exercise this option, any officer or member from the aforementioned types of organizations wishing to be excluded must sign this document. **NOTE: By signing this Exclusion Form below, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.**

DATE: \_\_\_\_\_ DATE COMPANY NOTIFIED INSURANCE COMPANY: \_\_\_\_\_  
NAME OF CORPORATION'S INSURANCE COMPANY: \_\_\_\_\_  
NAME OF COMPANY: \_\_\_\_\_

Type of Company (Choose)    Farm Corporation    Close Corporation    Professional Corporation    Limited Liability Company

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Typed Name and Title of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature

**IMPORTANT:** Submit *original* form to the Workers' Compensation Commission, a copy to the insurer of the company/corporation, and keep a copy for your files.

FORM C-16R (11/2002)