

WC-9 GEORGIA STATE BOARD OF WORKERS' COMPENSATION
(4/90)

CORPORATE OFFICER REINSTATEMENT

The use of this form is required under the provisions of O.C.G.A. §34-9-2.1 of the Workers' Compensation Law if a corporate officer desires not to be exempt from coverage.

NOTICE TO REVOKE REJECTION

I _____, certify that I am
an officer of _____ and elect to revoke
the rejection of the provisions of the Georgia Workers' Compensation Law.

Dated this ____ day of _____, 19 ____

Signed _____

A COPY OF THIS FORM MUST BE FILED WITH YOUR CURRENT WORKERS'
COMPENSATION CARRIER

Effective 7-1-88

O.C.G.A. §34-9-2.1

(a) A corporate officer who elects to be exempt from coverage under this chapter shall make such election by giving written certification to the insurer or, if there is no insurer, to the State Board of Workers' Compensation.

(b) A corporate officer who has exempted himself by proper certification from coverage under this chapter may at any time revoke such exemption and thereby accept coverage under this chapter by giving certification to such effect in the same manner as provided in subsection (a) of this Code section relative to exemption from coverage.

(c) No certification given pursuant to subsection (a) or (b) of this Code section shall become effective until 30 days after it is filed with the proper entity.

O.C.G.A. §34-9-2.2

Any sole proprietor or partner of a business whose employees are eligible for benefits under this chapter may elect to be included as an employee under the Workers' Compensation insurance coverage of such business and if the insurer is notified of his election to be included. Any such sole proprietor or partner shall, upon such election be entitled to the employee benefits and be subject to the employee responsibilities prescribed in this chapter.

Address all correspondence to:

State Board of Workers' Compensation
Suite 1000-South Tower
One CNN Center
Atlanta, Georgia 30303-2788