

**ILLINOIS WORKERS' COMPENSATION
COVERAGE ELECTION/REJECTION FORM**

If you are a sole proprietor or partner, you must check off one and only one box in either section A or B.

A. ACCEPTANCE OF COVERAGE UNDER THE ILLINOIS WORKERS' COMPENSATION ACT.

If you choose to be covered under the Illinois Workers' Compensation Act, an additional premium charge will be made on your policy based on the classification applicable to your activities, using a payroll amount for each such sole proprietor/partner, as outlined in the Workers' Compensation manual applicable to Illinois.

As provided under chapter 48 paragraph 138 of the Illinois Workers' Compensation Act, I am exercising my right to be covered for accidental injuries, including death resulting therefrom, sustained by me and arising out of, and in the course of employment, in accordance with the provisions of the Illinois Workers' Compensation Act.

☐ **I ELECT TO BE COVERED UNDER THE ILLINOIS WORKERS' COMPENSATION ACT.**

B. WAIVER OF RIGHTS UNDER THE ILLINOIS WORKERS' COMPENSATION ACT

As provided under Chapter 48, Paragraph 138 of the Illinois Workers' Compensation Act, I am waiving my right to be covered for accidental injuries, including death resulting therefrom, sustained by me and arising out of, and in the course of employment in accordance with the Illinois Workers' Compensation Act.

☐ **I ELECT NOT TO BE COVERED UNDER THE ILLINOIS WORKERS' COMPENSATION ACT.**

NAME _____
TITLE _____
SOCIAL SECURITY NUMBER _____
POLICY NUMBER _____

SIGNATURE

DATE