

Pennsylvania Compensation Rating Bureau

The Widener Building • 6th Floor One South Penn Square • Philadelphia, PA 19107-3577 (215)568-2371 • FAX (215)564-4328 • www.pcrb.com

March 20, 2006

BUREAU CIRCULAR NO. 1510

To All Members of the Bureau:

Re: APPROVAL OF BUREAU FILING NO. 224

SECTION 3 – ENDORSEMENTS

EXECUTIVE OFFICER'S DECLARATION AND APPLICATION FOR EXECUTIVE OFFCER EXCEPTION

The Bureau has filed and the Insurance Commissioner has approved updated versions of the above referenced documents which are forms published by the Department of Labor & Industry that the Bureau includes in its Manual to help assure broad availability to potential users and/or interested parties. The updated forms will be placed in the April 1, 2006 Manual update, and our website (<u>www.pcrb.com</u>) will have the updated forms in the downloadable forms section within a short time.

The updated forms are attached to this circular for your immediate reference and/or use.

Any questions regarding these forms may be directed to Betty Ann Campbell, Director – Rating Rules & Policy Reporting, at Extension 4424 or <u>bcampbell@pcrb.com</u>.

Timothy L. Wisecarver President

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Remember to visit our web site at www.pcrb.com for more information about this and other topics.

Commonwealth of Pennsylvania Department of Labor and Industry Bureau of Workers' Compensation COMPLIANCE SECTION 1171 S. Cameron Street, Room 103 Harrisburg PA 17104-2501 (717)787-3567

APPLICATION FOR EXECUTIVE OFFICER EXCEPTION

INSTRUCTIONS: Submit one original Application for the corporation along with an Executive Officer's Declaration for <u>every</u> officer having an ownership interest. The total ownership interest of all Declarations combined must equal 100%. If the corporation <u>has</u> workers' compensation insurance, all forms <u>must</u> be submitted directly to the insurance carrier. If not, submit all original forms to the address on left. See Form Completion Hints on reverse side.

CORPORATION INFORMATION
Federal Employer Identification Number Telephone
Corporation's Full Legal Name
Corporation Address (line 1)
Corporation Address (line 2)
City State Zip
Does the corporation have PA employees other than those listed on the attached declaration(s)? Yes No
If Yes, employer's current workers' compensation coverage:
Insurance Company Name
Policy Number
Month Day Year Month Day Year
Policy Effective Start Date Policy Effective End Date
Corporation Type: (Check only one box)
Subchapter S Subchapter C Nonprofit
I, the undersigned, verify that I am signing in my capacity as an Executive Officer for the above named corporation and that I am
authorized to do so. I further verify that the facts set forth in this Executive Officer's Exception Application 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
First Name
For Bureau Use ONLY
Last Name

509 0705

Title

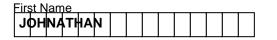
FORM COMPLETION HINTS

In General:

This form will be machine-read by the Bureau of Workers' Compensation. The red lines and boxes will "drop out" during processing so that the information typed or written (typed is preferable) on the form can be automatically "read" and used by the Bureau's computer system. Forms that do not meet Bureau requirements will be rejected. Do not staple forms together.

Where to Type:

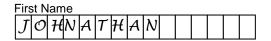
When typing a form, begin in the left most box of each set of red boxes. Use normal spacing (do not put one letter per box) staying within the range of boxes. Avoid typing in the margins. <u>Use black ink only</u>. For example:

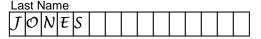


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Where to Handwrite:

When completing a form by hand, print clearly, using uppercase letters, in <u>black ink only</u>, placing one letter or numeral within each box. For example:





Dates:

Enter all dates as MMDDYYYY. For example:

Month	Day	Year	
042720	005		OR



Telephone Numbers:

The first three digits are the area code. No need for parenthesis. For example:

Telephone	
7175553894	OR

7 1 7 5 5 5 3	89	4

Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program 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 for 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.

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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.

Signature of Executive Officer	Date
Corporation's Full Legal Name	
First Name	513 0705
Last Name	
Suffix (ex: Jr.) Social Security Number	Percentage of Ownership Telephone
Address (Business or residence address acceptable)	
City	State Zip

For Bureau Use ONLY....

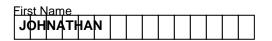
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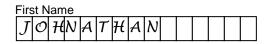
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Where to Handwrite:

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Last Name

NES



Dates:

Enter all dates as MMDDYYYY. For example:

Month	Day	Year		
042720	005			

Month	Day	Year
04	2 7	2005

Telephone Numbers:

The first three digits are the area code. No need for parenthesis. For example:

OR

Telephone		Telephone		
7175553894	OR	717	5 5 5	3 8 9 4

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