**ILLINOIS WORKERS’ COMPENSATION ACT**

**CORPORATE OFFICER**

**COVERAGE REJECTION FORM**

The Illinois Workers’ Compensation Act, 820 IL Consolidated Statutes 305/1 et seq. (the “Act”), requires employers to provide and pay compensation to their employees for accidental injuries sustained in the course of their employment. The Act specifically permits corporate officers employed by a domestic or foreign corporation to withdraw themselves as individuals from the operation of the Act. A “corporate officer” is defined as a *bona fide* President, Vice President, Secretary or Treasurer of a corporation who voluntarily elects to withdraw.

lf you are a corporate officer as defined in the Act, you must complete this form if you are electing to withdraw yourself from coverage for claims under the Illinois Workers’ Compensation Insurance Act. If you individually withdraw and later elect to resume coverage under the Act, you must provide written notice to us. Your election to resume coverage will be effective upon our receipt of such notice.

**WITHDRAWAL OF RIGHTS UNDER THE ILLINOIS WORKERS’ COMPENSATION ACT**

As provided under Section 3 of the Illinois Workers’ Compensation Act, I am withdrawing 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 Act.

**[ ] I ELECT NOT TO BE COVERED UNDER THE ILLINOIS WORKERS COMPENSATION ACT**

PRINT FULL NAME TITLE

SIGNATURE OF OFFICER DATE

PRINT NAME OF CORPORATION

ACCEPTED:

HISCOX INSURANCE COMPANY INC. DATE

By its Authorized Representative

**NOTE TO EMPLOYER: An exclusion will be endorsed to the Policy upon our receipt and acceptance of a signed and properly completed form. The person electing to withdraw must sign this form. Company representatives may not sign on behalf of the individual. One withdrawal per form. Submit additional forms if needed.**

**Submit forms to: Atlas General Insurance Services, LLC**

 **4365 Executive Drive, Suite 400**

 **San Diego, CA 92121**

 **Fax**

 **Email**

Form WC-WAIVE-IL (11-2017)