UNIVERSAL REJECTION OF COVERAGE FORM

Legal Name of Company: _____

Corporate Entity Type: ◯ LLC ◯ S Corporation Insurance Company: _____

Workers' Compensation Policy Number: _____ Policy Period : _____ to _____

Missouri law allows certain employees to individually elect to be excluded from the workers' compensation law in Missouri. Such an election acts to exclude the elector from any and all benefits that would otherwise be afforded under Missouri's workers' compensation law, while also relieving their employer from any workers' compensation coverage requirements that the employer would otherwise bear with respect to the electing employee.

Two classes of employees may elect to be excluded from the workers' compensation law in Missouri. These classes are:

- Members of a Limited Liability Company (LLC)
  - All members of an LLC may be presumed to be employees in Missouri, irrespective of active or inactive status. Therefore, all LLC members electing to be excluded from workers' compensation in Missouri must be listed on this election form. LLC members electing to be excluded from the workers' compensation law in Missouri must provide _____(Ins. Company) with sufficient documents to support their status as a member of their employer LLC. Acceptable supporting documents may include articles of organization, ownership certificates, an operating agree-ment, or other similar documents that evidence member status.

- Employees who own a 40 percent or greater interest in their employer Corporation which files federal corporate taxes under subchapter S of the Internal Revenue Code
  - Applicable S Corporation owners electing to be excluded from the workers' compensation law in Missouri must provide _____(Ins. Company) with sufficient documents to support their ownership stake of 40 percent or more in their employer S Corporation. Acceptable supporting documents may include federal tax documents such as a K-1 or IRS Form 2553, stock certificates or other similar documents.

By my signature below, I attest that I am within one of the aforementioned classes of employees who may elect to be excluded and hereby reject status as an "employee" for purposes of the Missouri Workers' Compensation Law. I further attest that I understand that should my ownership percentage fall below 40 percent in my employer S Corporation or should I cease to be a member of my employer LLC, that this election shall be void as of the day that my status so changes, that I bear an affirmative duty to inform _____(Ins. Company) of any such change, and that premium shall be assessed and coverage extended to me as of the date of such a change.

Employee Electing Exclusion (Type or Print)	Signature	Date