MISSISSIPPI

NOTICE OF ELECTION/REVOCATION OF COVERAGE

UNDER TITLE 71, CHAPTER 3, MISSISSIPPI WORKERS' COMPENSATION LAW

The u	ndersigned cert	ifies that he/she is a(n)				
	Officer	☐ Sole Proprietor	Partner	☐ Employee*	☐ LLC Member	
of						
	Company nai	me		FEIN		
	Address			City, State	ZIP code	
Please	e read carefully	y and select <u>one</u> of the f	following option	s:		
I determined I determined I	lo hereby <u>elect</u> his election shal		kers' compensat	t ion coverage provi	ded by the carrier listed below. I agree d, give the carrier written notice to elect	
electio	on shall continu		ch time as I, the		arrier listed below. I agree that this ne carrier written notice to elect to be	
*An en	mployee electing	to be exempt from coverage	ge must own 15% o	or more of the stock in	n the insured company listed above.	
Signat	ignature			Date		
Print name and title				Date of birth and/or Social Security number		
Policy number				Effective date		
Insura	ance agent			Agent's	address	