



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 OFFICER 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 (www.pcrb.com) 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 bcampbell@pcrb.com.

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.

APPLICATION FOR EXECUTIVE OFFICER EXCEPTION

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

INSTRUCTIONS: Submit one original Application for the corporation along with an Executive Officer's Declaration for every officer having an ownership interest. The total ownership interest of all Declarations combined must equal 100%. If the corporation has workers' compensation insurance, all forms must 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.

Signature of Executive Officer _____

Date

First Name

For Bureau Use ONLY...

Last Name

Title

509 0705

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. Use black ink only. For example:

First Name
JOHNATHAN

Last Name
JONES

Where to Handwrite:

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

First Name
JOHNATHAN

Last Name
JONES

Dates:

Enter all dates as MMDDYYYY. For example:

Month Day Year
04 27 2005

OR

Month Day Year
04 27 2005

Telephone Numbers:

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

Telephone
717 553 894

OR

Telephone
717 555 3894

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

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.

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

Title of Executive Officer

First Name

513 0705

Middle Name

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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