

Officer/Manager Rejection of Coverage



**PLEASE COMPLETE FULLY AND LEGIBLY
OR FORM CANNOT BE PROCESSED**

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond Virginia 23220
(804) 205-3586

www.workcomp.virginia.gov

FILING INSTRUCTIONS ON REVERSE SIDE

All Information Requested is Required

Corporation /LLC Name: _____ Address: _____ Suite/Bldg: _____ City: _____ State: _____ Zip: _____ Corporation: <input type="checkbox"/> LLC: <input type="checkbox"/> Business FEIN: (Federal ID Number): _____ VA State Corporation Identification No: _____ <p style="text-align: center;"><u>Insurance</u></p> Insurance Carrier or Self Insured Group: _____ Policy Number: _____ Policy Period: _____ ♦ Ensure coverage is filed <u>prior</u> to submitting form to Commission	Last Name: _____ First Name: _____ MI: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ SSN: _____ <p style="text-align: center;">Last Four Digits Required</p> Officer Title: <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Vice Pres (Check One) <input type="checkbox"/> Secretary <input type="checkbox"/> Manager LLC (*) <input type="checkbox"/> Other(**) *Operating agreement or articles of org. must be included **Corporate charter and bylaws must be included w/filing ♦ A Director or LLC member cannot Reject coverage ♦ Officer status will be verified in S.C.C. Are you paid salary or wages on a regular basis at an agreed amount? <input type="checkbox"/> Yes <input type="checkbox"/> No (Response Required)
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Pursuant To the provisions of Section 65.2-300 of the Virginia Workers' Compensation Act, the undersigned hereby rejects the right to claim workers' compensation benefits for injuries by accident.

Signature of Officer/Manager	Date signed :
Signature of Employer	Date notice received by Employer:

This rejection of coverage shall be effective as of the last to occur i) the policy inception or; ii) the delivery of the notice to the employer, pursuant to § 65.2-300.

Complete section below for Agent or Agency to receive a copy of the 16A Approval	
Agency Name <u>Value Insurance Agency</u> Address: <u>300 N Washington St. Suite #104</u> City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314</u>	Agent Name <u>Arthur Lander</u> Agent Telephone: <u>(703) 351-7878</u> Agent Email: <u>agent@valueinsuranceinc.com</u>