pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
STATE WORKERS' INSURANCE FUND

VOLUNTARY ELECTION OF COVERAGE

Sole proprietors, partners of a partnership or members of an LLC electing to be included under the Pennsylvania Workers' Compensation Act must complete this form.

- **Wages for sole proprietors, partners of a partnership, and members of an LLC** are subject to the current **Statewide Average Weekly Wage (SAWW)** in effect on the date of your renewal as set forth by the Pennsylvania Bureau of Workers' Compensation (BWC) and cited within the Pennsylvania Compensation Rating Bureau (PCRB) manual.* **Current SAWW is $1,049** or **$54,548/year and is subject to change per the BWC's advisement.**

- In the event that a claim is submitted under Sections 306 or 307 of the Pennsylvania Workers' Compensation Act, the wages reported at the time of application or during a subsequent audit will be considered as part of the Average Weekly Wage calculation in determining the compensation rate used for your claim.

- **All voluntary Elections of Coverage will be effective for the full policy term and will remain in effect for each policy renewal until we are provided written notification to the contrary prior to the effective date of the renewal.** You **MUST SELECT** one of the business types below that identifies your business entity. Do not make a selection if you are declining coverage. Each partner and/or member must complete a separate form.

NOTE: THIS FORM IS NOT FOR EMPLOYEES AND IS NOT REQUIRED IF YOU ARE AN EMPLOYER OF A DOMESTIC WORKER ONLY. IT IS TO INDICATE THE OWNER'S CHOICE AND CANNOT BE CHANGED UNTIL THE FOLLOWING TERM'S RENEWAL. OWNERS MAY NOT CHOOSE TO BE INCLUDED OR EXCLUDED DURING THE POLICY TERM.

*PCRB Manual (PCRB.com), Section 1D *"Minimum and maximum payrolls on which premium is based for sole proprietors, partners and members of a Limited Liability Company shall be the same as those set forth in Rule IX, A., 6. For executive officers. If payroll information is not available use the statewide average weekly wage in effect as of the inception date of the policy. The SAWW may be obtained, among other sources, from the Pennsylvania Department of Labor & Industry's website or from the PCRB's website under the "Quick Reference" table."*
http://pcrb.com/shared/p_contents.htm

NOTE: Your Voluntary Election of Coverage, by law, applies to all entities combined in coverage under this policy.

☐ **SOLE PROPRIETOR ELECTING COVERAGE:** I, the below named sole proprietor, do hereby knowingly and voluntarily elect to be an employee of the below named business for purposes of the Pennsylvania Workers' Compensation Act.

☒ **MEMBER OF AN LLC ELECTING COVERAGE:** I, the below named member, do hereby knowingly and voluntarily elect to be an employee of the below named business for purposes of the Pennsylvania Workers' Compensation Act.

☐ **PARTNER OF A PARTNERSHIP ELECTING COVERAGE:** I, the below named partner, do hereby knowingly and voluntarily elect to be an employee of the below named business for purposes of the Pennsylvania Workers' Compensation Act.

Job description of owner _____

_____

Social Security number _____ Email address _____

Business's full legal name _____

Address _____ Phone _____

City, state, ZIP _____

Wages _____ FEIN _____

Policy/quote number: _____ Policy/quote effective date: _____

☐ **Electing coverage at this time** ☐ **Declining coverage at this time**

I verify that the facts set forth in this Election of Coverage 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.

I certify that all information provided in this document is true and correct. I acknowledge that false statements in this document are punishable pursuant to 18 Pa. C.S. §4904 (relating to Unsworn Falsification to Authorities), 18 Pa. C.S. §4117 (relating to Insurance Fraud) and 77 P.S. § 1039.2 (relating to the Workers' Compensation Act). A person who knowingly makes a false statement or knowingly withholds information may be subject to a fine, imprisonment and restitution.

Signature of owner _____ **Percentage of ownership** _____

Print name _____ **Date** _____