

**WORKERS COMPENSATION WAIVER**

ALL EMPLOYERS MUST PROVIDE EVIDENCE OF COMPLIANCE WITH THE INSURANCE REQUIREMENTS OF THE NEBRASKA WORKERS COMPENSATION ACT as required by §48-106 and 48-145 R.R.S. Nebraska 1943 as amended to date.

Generally, an employer with one or more employees must carry Workers Compensation insurance to cover those employees. An individual employer, partner, limited liability company member, self-employed person OR corporate executive officer owning 25% or more of the common stock is not required to be covered, but may elect to be covered if he/she is engaged in the business on a substantially full-time basis or is a qualifying corporate officer. If an individual employer etc. elects to be covered, he/she must file written notice of such election with his/her current Workers Compensation insurer. Also, every officer of a corporation, other than those described above, is considered to be an employee of the corporation. Non-profit corporate officers who receive annual compensation of one thousand dollars or less from the corporation are not considered employees unless they elect to be covered.

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**EACH BUSINESS SHOULD COMPLY WITH ONE OF THE FOLLOWING OPTIONS.**

1) Obtain Workers Compensation Insurance. This is required if (1) the business has any employees, (2) the business is a sole proprietorship, partnership, or limited liability company and the individual owner, partner or limited liability company member has elected to be covered under the Nebraska Workers Compensation Act, or (3) the business is a corporation and any of the executive officers who own 25% or more of the common stock has elected to be covered under the Nebraska Workers Compensation Act.

2) A signed statement (see below) that the business is a sole proprietor, partnership, limited liability company or corporation that has no employees and that no individual owner, partner, limited liability company member or eligible corporate officer has elected to be covered under the Nebraska Workers Compensation Act.

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**BUSINESS NAME** \_\_\_\_\_

**PLEASE SIGN THE STATEMENT THAT APPLIES TO YOUR BUSINESS.**

I am a sole proprietorship. I have no employees and I, as an individual employer, have not elected to be covered under the Nebraska Workers Compensation Act.

Signature of SOLE OWNER \_\_\_\_\_ Date \_\_\_\_\_

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We are a partnership, we have no employees and we, as partners, have not elected to be covered under the Nebraska Workers Compensation Act.

Signature of PARTNER \_\_\_\_\_ Date \_\_\_\_\_

Signature of PARTNER \_\_\_\_\_ Date \_\_\_\_\_

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We are a limited liability company, we have no employees and we, as limited liability company members, have not elected to be covered under the Nebraska Workers Compensation Act.

Signature of MEMBER \_\_\_\_\_ Date \_\_\_\_\_

Signature of MEMBER \_\_\_\_\_ Date \_\_\_\_\_

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We are a corporation, we have no employees and no eligible corporate executive officer has elected to be covered under the Nebraska Workers Compensation Act.

Signature of OFFICER & TITLE \_\_\_\_\_ Date \_\_\_\_\_

Signature of OFFICER & TITLE \_\_\_\_\_ Date \_\_\_\_\_

Signature of OFFICER & TITLE \_\_\_\_\_ Date \_\_\_\_\_

Signature of OFFICER & TITLE \_\_\_\_\_ Date \_\_\_\_\_