

# EXECUTIVE OFFICER'S DECLARATION

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:** 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%.

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 (11 P.S. 1, et seq).

I do hereby state and affirm that I am an executive officer who: (check 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**

Month		
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Day		
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Year			
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Corporation's Full Legal Name

Title of Executive Officer

First Name

Middle Name

Last Name

Suffix (ex: Jr.) 



 Social Security Number 











 Percentage of Ownership 



 Telephone

Address (Business or residence address acceptable)

City 



 State 



 Zip