APPLICATION FOR WAIVER

STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027
TEL: (207) 287-3751 FAX: (207) 287-5413

WAIVERS ARE NOT VALID UNTIL APPROVED BY THE BOARD

APPLICANT-EMPLOYEE

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

APPLICANT PHONE #: _____

BUSINESS - EMPLOYER

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

EMPLOYER PHONE #: _____

EMPLOYER FEIN #: _____

I am employed by the above-named employer which is a (check one):

☐ SOLE PROPRIETOR
☐ PARTNERSHIP
☐ LIMITED LIABILITY COMPANY
☐ CORPORATION/S-CORP
☐ PROFESSIONAL CORPORATION

And (select the correct option under I, II or III):

I. ☐ The **Applicant** is the (**circle one):** **PARENT** **SPOUSE** **DOMESTIC PARTNER** **CHILD** of the above-named Sole Proprietor, or Partner or Member of a Limited Liability Company.

II. The **Applicant** is the **(check one)** ☐ bona fide owner of at least 20% of the outstanding voting stock of the above-named corporation **OR** ☐ the **(circle one)** **PARENT** **SPOUSE** **DOMESTIC PARTNER** **CHILD** of a bona fide owner.

- Number of Voting Stock **Issued** by Employer _____ (actual number—not percentage)
- Number of Voting Stock **Owned** by Applicant _____(actual number—not percentage)

III. The **Applicant** is a (**check one)** ☐ shareholder of the above-named professional corporation **OR** ☐ the **(circle one)** **PARENT** **SPOUSE** **DOMESTIC PARTNER** **CHILD** of a shareholder of the above-named professional corporation.

I hereby waive all benefits and privileges provided by the Maine Workers' Compensation Act pursuant to 39-A M.R.S.A. §102(11) (A) (4) and (5). I certify that the foregoing information is truthful and accurate, and that this waiver is not a prerequisite condition to employment. I understand that if this information is found to be intentionally misleading or fraudulent, or if the information changes, this waiver may be nullified. I agree to notify the Workers' Compensation Board of any changes in this information.

_____ _____

APPLICANT SIGNATURE DATE

NOTE: ANY PERSON MAY REVOKE OR RESCIND THAT PERSON'S WAIVER UPON 30 DAYS WRITTEN NOTICE TO THE BOARD AND THAT PERSON'S EMPLOYER.

(rev. 04/08)