SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

CORPORATE OFFICER NOTICE TO REJECT

To the Employer of the Undersigned and the Employer's Insurance Carrier:

The undersigned officer rejects their terms, conditions and provisions of the South Carolina Workers' Compensation Act and elects to pursue compensation for personal injuries under the common law and statues of South Carolina.

As provided by law (Section 42-I-520), "An officer of a corporation who elects not to operate under this title, shall, in any action to recover damages for personal injury or death brought against an employer accepting the compensation provisions of this title, proceed at common law and the employer may avail himself of the defenses of contributory negligence, negligence of a fellow servant, and assumption of risk, as such defenses exist at common law."

This notice becomes effective on the date listed below, no sooner than the day following the date signed by the corporate officer.

Name of Officer	Corporate Title Post Office Box		Name of Business (Legal Name) Street Address Post Office Box		
Street Address					
 City	State	Zip	City	State	Zip
Social Security Number			Federal Employer ID#		
Area Code T	Celephone Number		Area Code	Telephone Number	
Signature of Officer		Date	Effective Date		
Subscribed and sworn	to me this	day of		•	

This form may be used when an officer desires to become exempt from the professions of the South Carolina Workers' Compensation Act. For additional information regarding the provision of Section 42-I-520 and this form, contact your insurance carrier or the South Carolina Workers' Compensation Commission, Coverage and Compliance Division, Post Office Box 1715, Columbia, South Carolina 29202-1715 (803) 737-5709.

WCC Form #5 Rev Date 7/96

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