

14-0175 (5-15)

PROPRIETOR, LIMITED LIABILITY COMPANY MEMBER, LIMITED LIABILITY PARTNER, OR PARTNER

NAME: \_\_\_\_\_

ADDRESS (Include Street, City, State and Zip Code) \_\_\_\_\_

**NONELECTION OF WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY COVERAGE (Iowa Code section 87.22)**

A proprietor, limited liability company member, limited liability partner, or partner who does not elect to be covered by the workers' compensation law of this state pursuant to section 85.1A by purchasing valid workers' compensation insurance specifically including that person, shall file a nonelection of workers' compensation coverage by signing, and attaching to the workers' compensation or employers' liability policy a written nonelection, or if such a policy is not issued, by signing a written nonelection which is witnessed by two disinterested individuals who are not, formally or informally, affiliated with the employer and which is filed by the employer with the workers' compensation commissioner. The workers' compensation commissioner shall maintain a list of those employers that have filed a written nonelection pursuant to this subsection or a written termination of that nonelection pursuant to subsection 5, paragraph "b", and that list shall be a public record open to public inspection. The written nonelection of coverage made pursuant to subsection 2, shall be in substantially the following form:

**NONELECTION OF WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY COVERAGE**

I acknowledge that I am a proprietor, limited liability company member, limited liability partner, or partner and that I am not required to be covered by the workers' compensation law of this state pursuant to section 85.1A. I understand that by signing this statement I am not electing the coverage of chapters 85, 85A, and 85B of the Code of Iowa relating to workers' compensation.

I understand that my nonelection of the coverage of chapters 85, 85A, and 85B is not a waiver of any rights or remedies available to me or to others on my behalf in a civil action related to personal injuries sustained by me arising out of and in the course of my employment with the employer.

I also understand that by signing this statement and checking alternative (1) below I am not electing employers' liability coverage for bodily injuries or death sustained by me arising out of and in the course of my employment with the employer. Check either alternative (1) or (2):

(1) I am not electing the employers' liability coverage.

(2) I am electing the employers' liability coverage by purchasing valid workers' compensation insurance specifically including me.

NAME (TYPED AND SIGNED): \_\_\_\_\_

EMPLOYER'S OFFICE \_\_\_\_\_ DATE \_\_\_\_\_

CITY, COUNTY, STATE OF RESIDENCE \_\_\_\_\_

WITNESS \_\_\_\_\_

WITNESS \_\_\_\_\_

I also understand that the signing of this statement and checking of alternative (1) below by an authorized agent of the employer is a nonelection for the employer of the employers' liability coverage for bodily injuries or death sustained by me arising out of and in the course of my employment with the employer. Check either alternative (1) or (2):

(1) The employer does not elect the employers' liability coverage.

(2) The employer elects the employers' liability coverage by purchasing valid workers' compensation insurance specifically including me.

NAME (TYPED AND SIGNED) \_\_\_\_\_

RELATIONSHIP TO EMPLOYER \_\_\_\_\_ DATE \_\_\_\_\_

CITY, COUNTY, STATE OF RESIDENCE \_\_\_\_\_

WITNESS \_\_\_\_\_

WITNESS \_\_\_\_\_

The rejection or nonelection of workers' compensation coverage is not enforceable if it is required as a condition of employment. A proprietor, limited liability partner, or partner who signs a written nonelection with the workers' compensation commissioner pursuant to subsection 2 may terminate the nonelection by signing a written notice of termination which is witnessed by two disinterested individuals, who are not, formally or informally, affiliated with the employer and which is filed by the corporation with the workers' compensation commissioner. Following the filing of a notice of termination pursuant to this paragraph, the status of the person signing the notice of termination shall be the same as if the nonelection of coverage had not been made and the person may elect to be covered by the workers' compensation law of this state by purchasing valid workers' compensation insurance specifically including that person as provided in section 85.1A, except that the election of coverage shall not be effective as to any injury sustained or disease incurred less than one week after the notice is filed.