

Officer/Manager Rejection of Coverage



Virginia Workers' Compensation Commission
333 EAST FRANKLIN STREET, RICHMOND VA 23219
804-205-3586
FAX: 804-418-4917

workcomp.virginia.gov

Form must be completed in its entirety

Employer Information

Corporation/LLC Name: _____

Address: _____

Suite/Bldg: _____

City: _____ State: _____ Zip: _____

Corporation

LLC

Federal Employer Identification Number
(FEIN/EIN/Tax ID): _____

State Corporation
Commission Entity ID: _____

Employer's Insurance Information

Insurance coverage information must be active and will be verified

Insurance Carrier or
Self Insured Group: _____

Policy Number: _____

Policy Period: _____

Officer/Manager Information

Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN (last four digits required): _____

Officer/Manager Title (check one)

Officer/Manager status will be verified with State Corporation Commission

For a Corporation

President Vice President Secretary Treasurer

Other Officer* _____

*Corporate charter and bylaws showing title must be included with the filing, pursuant to Va. Code § 65.2-101

For a LLC

Manager of a Multiple Member LLC*

*Articles of organization or operating agreement showing Manager elected/appointed must be included with the filing, pursuant to Va. Code § 65.2-101

Salary/Wage Information

Are you paid salary or wages on a regular basis at an agreed amount? Yes No

Pursuant to Virginia Code § 65.2-300, the undersigned hereby rejects the right to claim workers' compensation benefits for injuries by accident. This rejection of coverage shall be effective as of the last to occur (i) the policy inception or (ii) the delivery of the notice to the employer.

Signature of Officer/Manager

Date signed

Signature of Employer

Date notice received by Employer

Complete section below for Agent to receive a copy of the 16A Approval/Denial

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Agent Name: _____

Agent Telephone: _____

Agent Email: _____

Officer/Manager Rejection of Coverage Instructions



Complete Form

The Rejection of Coverage form may be filed by an executive officer should the officer elect to reject coverage under Virginia Code § 65.2-300. Notice shall also be given to the employer. A Rejection of Coverage is continuous unless a Termination of Prior Officer Rejection of Coverage (Form 17A) is filed.

This completed form may be filed with the Commission by first-class mail, hand delivered or by facsimile transmission (804-418-4917). Electronic filing is also available at workcomp.virginia.gov.



Guidelines

The most recent version of this form should be submitted and can be verified at workcomp.virginia.gov in the "Employer Forms" section under the "Employers" tab. Outdated forms will not be accepted.

The Corporation/LLC name should be documented as it is registered with State Corporation Commission. Officer status will also be verified with State Corporation Commission.

Workers' compensation insurance coverage must be active and current for approval. A self-service Insurance Coverage Search tool is available at workcomp.virginia.gov under "VWC Resources"

The form must be signed and dated in both blanks even if the officer/manager and employer are the same person.

Virginia Workers' Compensation Insurance Rejection of Coverage

- **Executive Officer** - "Executive officer" means (i) the president, vice-president, secretary, treasurer or other officer elected or appointed in accordance with the charter and bylaws of a corporation and (ii) the managers elected or appointed in accordance with the articles of organization or operating agreement of a limited liability company. However, "executive officer" does not include (a) noncompensated officers of corporations exempt from taxation pursuant to § 501(c)(3) of Title 26 of the United States Code (Internal Revenue Code of 1954) or (b) noncompensated officers of a property owners' association as such term is defined in § 55.1-1800.
- **Effective Date** - Such notice shall be effective as of the last to occur of (i) the date of the inception of the policy or (ii) the delivery of such notice to the employer as provided in Virginia Code § 65.2-300.
- **Questions** - For questions concerning the Rejection of Coverage form, please contact the Insurance Compliance Department at 804-205-3586. Calls are answered Monday through Friday from 8:30 a.m. until 4:45 p.m. (EST), except State holidays.