



Member Name:

Account #

MINNESOTA WORKERS' COMPENSATION ELECTION FORM

Minnesota workers' compensation laws exclude from coverage: sole-proprietors, partners, certain executive officers of family farms and small closely held corporations, certain members of limited liability companies and any of the above persons' spouses, parents and children. Such persons may elect to provide coverage for themselves and their spouses, parents or children by completing the information below.

| Name of Person to be Insured | Title or Relationship | Duties | Estimated Payroll or Draw |
|------------------------------|-----------------------|--------|---------------------------|
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| Name of Person <u>NOT</u> to be | Insured Title or Relationship |
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By electing coverage it is understood that premium will be charged in accordance with appropriate classifications and rates on compensation to the above-name individuals as determined by manual rules.

Date _____ Signature of Self-Insured Member _____

When completed please email to: Shannon Novotny | certificates@bandcfund.com