



P. O. Box 4910, Syracuse, NY 13221-4910 800-654-8840 Fax: 315-431-1310 www.AgServAgency.com

Member Name: _____

Contract ID# / FEIN #: _____

RE: Executive Officer Coverage Election/Exclusion Confirmation

Based on the information provided on the attached notice:

A) My Corporation does not employ any other persons besides executive officers and there are no other entities with employees covered under this policy. I am requesting to cancel the above policy effective _____.

B) My Corporation employs persons besides one or two executive officers. I am requesting to exclude coverage for the executive officer(s). Please complete and return the enclosed form U-619 (C-105.51). If there are two executive officers, both officers must sign the form.

C) My Corporation employs more than two executive officers. I understand that according to New York State Workers' Compensation Law, under these circumstances, all executive officers must be covered under the above policy. I also understand the payroll for each officer is subject to the minimum annual payroll of \$28,600 or the maximum of \$84,500 (effective October 1, 2007). The classification code is determined by the primary duties of each officer. Please list executive officers below with their title and annual salary or remuneration. Please attach additional sheet if more than four officers.

Print Name: _____

Title: _____

Signed: _____

Date: _____

_____	_____	\$ _____
Name of Executive Officer	Title	Annual Salary or Remuneration

_____	_____	\$ _____
Name of Executive Officer	Title	Annual Salary or Remuneration

_____	_____	\$ _____
Name of Executive Officer	Title	Annual Salary or Remuneration

_____	_____	\$ _____
Name of Executive Officer	Title	Annual Salary or Remuneration