

## INCLUSION & EXCLUSION FORMS

**Rules and requirements may vary by state. Refer to [NCCI's Workers Compensation Insurance Plan State Pages](#) for more information.**

Alabama	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Alaska	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Arizona	<ul style="list-style-type: none"> <li><a href="#">Employee's Notice of Rejection of Terms of the Arizona Worker's Compensation Law</a> (Form ICA 04-0113)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Arkansas	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Connecticut	<ul style="list-style-type: none"> <li><a href="#">Coverage Election by Employee who is an Officer of a Corporation or a Member of an LLC</a> (Form 6B)</li> <li><a href="#">Coverage Election by Employees who are Members of a Partnership</a> (Form 6B-1)</li> <li><a href="#">Coverage Election by Sole Proprietor</a> (Form 75)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
District of Columbia	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Georgia	<ul style="list-style-type: none"> <li><a href="#">Notice of Election or Rejection of Workers Compensation Coverage</a> (Form WC-10)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Idaho	<ul style="list-style-type: none"> <li><a href="#">Election of Coverage</a> (Form IC-52)</li> <li><a href="#">Declaration of Exemption</a> (Form IC-53) Note: Applies to family members of sole proprietorship only. <a href="#">View the chart</a> which identifies the family relationships eligible for filing an IC-53.</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>

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Illinois	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Indiana	<ul style="list-style-type: none"> <li><a href="#">Notice for Worker's Compensation and Occupational Diseases Coverage</a> (Form 36097)</li> <li><a href="#">Worker's Compensation Clearance Certificate Application</a> (Form 45899)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Iowa	<ul style="list-style-type: none"> <li><a href="#">Corporate Officer Exclusion</a> (Form 14-0061)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Kansas	<ul style="list-style-type: none"> <li><a href="#">Election Not to Accept Coverage</a> (Form K-WC 50)</li> <li><a href="#">Election of Employer to Cover Employees Under Kansas Workers Compensation Act Where Employer has less than \$20,000 Payroll or is Agricultural Pursuit.</a> (Form K-WC 51)</li> <li><a href="#">Election of Individual, Partner, or Member of a Limited Liability Company, or Self-Employed Individual to Come Within the Provisions of the Kansas Workers Compensation Act.</a> (Form K-WC 113)</li> <li><a href="#">Election of Employer to Provide Workers Compensation Coverage for Volunteer Workers</a> (Form K-WC 123)</li> <li><a href="#">Employer to Provide Coverage for Persons Performing Public or Community Service</a> (Form K-WC 135)</li> <li><a href="#">Election of a Noncompensated Volunteer Officer, Director, or Trustee of a Nonprofit Corporation to be Covered</a> (Form K-WC 137)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Mississippi	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Nevada	<ul style="list-style-type: none"> <li><a href="#">Employees Election to Reject Coverage; and Election to Waive the Rejection of Coverage for Excluded Persons</a> (Form D-43)</li> <li><a href="#">Election of Coverage by Employer; and Employer Withdrawal of Election Coverage</a> (Form D-44)</li> <li><a href="#">Sole Proprietor Coverage</a> (D-45)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>

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New Hampshire	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
New Mexico	<ul style="list-style-type: none"> <li><a href="#">Executive Employee Affirmative Election</a></li> <li><a href="#">Election to be Subject</a></li> <li><a href="#">Revocation of Prior Election</a></li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Oregon	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
South Carolina	<ul style="list-style-type: none"> <li><a href="#">Corporate Officer Notice to Reject</a> (Form WCC 5)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
South Dakota	<ul style="list-style-type: none"> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Tennessee	<ul style="list-style-type: none"> <li><a href="#">Sole Proprietor/Partner Selection</a> (Form I-4)</li> <li><a href="#">Sole Proprietor/Partner Withdrawal of Election</a> (Form I-5)</li> <li><a href="#">Corporate Officer Election Not to Accept</a> (Form I-6)</li> <li><a href="#">Corporate Officer Withdrawal of Election</a> (Form I-7)</li> <li><a href="#">Initial Workers' Compensation Exemption Registration Application Form</a> (Form ss-4523)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Vermont	<ul style="list-style-type: none"> <li><a href="#">Application to Exclude Corporate Officers or LLC Members from Workers Compensation Coverage</a> (Form 29)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>
Virginia	<ul style="list-style-type: none"> <li><a href="#">Rejection of Coverage Under the Virginia Workers Compensation Act</a> (Form 16A)</li> <li>Refer to <a href="#">NCCI's Workers Compensation Insurance Plan State Pages</a> for more information.</li> </ul>

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### West Virginia

- [WV Exclusion/Reinstatement of Coverage](#) (Form WVWC-RF01)
- Refer to [NCCI's Workers Compensation Insurance Plan State Pages](#) for more information.