



**EMPLOYER'S WITHDRAWAL OF ELECTION TO ADOPT THE SOUTH CAROLINA WORKERS' COMPENSATION ACT**

This form is required if an employer who elected to adopt the Workers' Compensation Act, being previously exempt as prescribed in Section 42-1-360 of the Act, now desires to withdraw its election.

Date: \_\_\_\_\_, \_\_\_\_\_.

To the South Carolina Workers' Compensation Commission:

The undersigned employer, who has voluntarily elected to operate under the South Carolina Workers' Compensation Act, being previously exempt as prescribed under Section 42-1-360 of the Act, withdraws that election to operate under the Workers' Compensation Act.

As provided by law (Section 42-1-390), the employer must give notice in writing to the Commission that the business shall no longer operate under the S.C. Workers' Compensation Act.

This rejection takes effect sixty (60) days after the date it is received by the South Carolina Workers' Compensation Commission.

**\*\* PLEASE PRINT OR TYPE ALL INFORMATION \*\* ORIGINAL SIGNATURES REQUIRED \*\***

SWORN TO AND SUBSCRIBED BEFORE ME at \_\_\_\_\_

EMPLOYER

this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Name of Business (Legal Name)

\_\_\_\_\_  
 Federal I.D. #

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Post Office Box

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Notary Public for South Carolina

By: \_\_\_\_\_

\_\_\_\_\_  
 Name and Title

My Commission Expires: \_\_\_\_\_

**For Official Use Only:**

Date Received: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employer Official

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Area Code

\_\_\_\_\_  
 Telephone Number

Reference Summary: Sections 42-1-310, 42-1-380, and 42-1-390. For more information about the provisions of these Sections and this form, please contact the Commission at the address above.

**South Carolina Workers' Compensation Commission**

1612 Marion St.  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5706



**CORPORATE OFFICER NOTICE TO REJECT**

To the Employer of the Undersigned and the Employer's Insurance Carrier:

The undersigned officer rejects the terms, conditions, and provisions of the South Carolina Workers' Compensation Act and elects to pursue compensation for personal injuries under the common law and statutes of South Carolina.

As provided by law (Section 42-1-520), "An officer of a corporation who elects not to operate under this title shall, in any action to recover damages for personal injury or death brought against an employer accepting the compensation provisions of this title, proceed at common law and the employer may avail himself of the defenses of contributory negligence, negligence of a fellow servant, and assumption of risk, as such defenses exist at common law."

This notice becomes effective on the date listed below, no sooner than the day following the date signed by the corporate officer.

**\*\* PLEASE PRINT OR TYPE ALL INFORMATION \*\* ORIGINAL SIGNATURES REQUIRED \*\***

Name of Officer Corporate Title

Name of Business (Legal Name)

Street Address P.O. Box

Street Address P.O. Box

City State Zip

City State Zip

Social Security Number

Federal Employer ID #

Area Code Telephone Number

Area Code Telephone Number

Signature of Officer Date

Effective Date

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_, \_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public

This form may be used when an officer desires to become exempt from the provisions of the South Carolina Workers' Compensation Act. For additional information regarding the provision of Section 42-1-520 and this form, contact your insurance carrier or the South Carolina Workers' Compensation Commission, Coverage Division, Post Office Box 1715, Columbia, South Carolina 29202-1715. (803) 737-5706.