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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, m 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 _____ Post Office Box _____

Street Address _____ Post Office 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 and Compliance Division, Post Office Box 1715, Columbia, South Carolina 29202-1715, (803)737-5709.