

# ACORD™ PENNSYLVANIA EXECUTIVE OFFICERS DECLARATION

**SUBMIT DECLARATION TO:** COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF LABOR AND INDUSTRY  
BUREAU OF WORKERS' COMPENSATION  
1171 S. CAMERON STREET, ROOM 103  
HARRISBURG, PA 17104-2501

Name of Corporation \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ FEIN # \_\_\_\_\_

I, \_\_\_\_\_, do hereby  
(EXECUTIVE OFFICER)

knowingly and voluntarily elect not to be an employee of \_\_\_\_\_  
(CORPORATION)

for the purposes of the Pennsylvania Workers' Compensation Act, and waive any and all benefits and rights to which I might be entitled under the Pennsylvania Workers' Compensation Act (77 P.S. 1, et seq.).

(Check one box) I do hereby state and affirm that I am an executive officer who:

- Has an ownership interest in a Subchapter S Corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2) known as the Tax Reform Code of 1971.
- Has at least 5% ownership interest in a Subchapter C Corporation as defined by the Tax Reform Code of 1971.
- Serves voluntarily and without remuneration in a non-profit corporation.

I verify that the facts set forth in the Executive Officer's Declaration and the attached Application for Executive Officer Exception from the Provisions of the Pennsylvania Workers' Compensation Act are true and correct to the best of my knowledge. This verification is made subject to the penalties of 18 Pa. C.S. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
(SIGNATURE OF EXECUTIVE OFFICER)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(TELEPHONE NUMBER)

**INSTRUCTIONS:** Each executive officer must submit a separate Declaration with the Application (ACORD 171 PA). Please submit Application and Declaration to your insurance carrier. If no carrier, submit forms to the Bureau of Workers' Compensation.