



STATE WORKERS' INSURANCE FUND
100 LACKAWANNA AVENUE, P.O. BOX 5100
SCRANTON, PA 18505-5100



570-963-4635

www.dli.state.pa.us/swif

SOLE PROPRIETOR'S VOLUNTARY ELECTION OF COVERAGE

Sole Proprietors electing to be covered under the Pennsylvania Workers' Compensation Act must complete the Election of Coverage. Premium for Sole Proprietors will be based on their total payroll, subject to the same minimum and maximum payroll as an executive officer, \$20,800 (minimum) to \$101,400 (maximum) per year.

Coverage will be in effect for the **full policy period** and will remain in effect for each subsequent policy period, until State Workers' Insurance Fund is provided written notification to the contrary. Coverage will not be added or deleted mid term.

I, the below named Sole Proprietor do hereby knowingly and voluntarily elect to be an employee of the below named business for purposes of the Pennsylvania Workers' Compensation Act.

I verify that the facts set forth in this Election of Coverage are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S § 4904, relating to unsworn falsification to authorities.

Sole Proprietor's Job Description _____

Social Security Number _____

Business's Full Legal Name _____

Address _____

City, State, Zip _____

Policy/Quote Number _____

Policy/Quote Effective Date _____

_____ **Electing Coverage at this time**

_____ **Declining Coverage at this time**

Signature of Sole Proprietor _____ **Payroll** _____ **Date** _____

Print Name of Signature _____

**** THIS FORM DOES NOT NEED TO BE RE-SUBMITTED UPON RENEWAL UNLESS CHANGES ARE MADE REGARDING COVERAGE. A NEW FORM MUST BE SUBMITTED PRIOR TO RENEWAL IF THE SOLE PROPRIETORS PAYROLL INCREASES OR DECREASES.**