



July 2, 2014

Circular 2014-06

To: All ICRB Members

Re: Revised State Form 36097 (“Election Form”)

Election Form

Effective July 1, 2014, The Workers Compensation Board of Indiana (“WC Board”) revised State Form 36097 (R7 / 6-14) [Notice for Worker's Compensation and Occupational Diseases Coverage](#) (also known as the “Election Form”).

The form is now available for use by any officer of a corporation to exclude himself/herself from employee status for workers compensation insurance purposes. Here’s an excerpt from the relevant section of the form:

STATEMENT OF VOLUNTARY EXCLUSION (IC 22-3-6-1 (b)(1) / IC 22-3-7-9 (b)(9))	
<i>An officer of a corporation may not be considered to be excluded as an employee under IC 22-3-2 through IC 22-3-6 until the notice is received by the insurance carrier and the board.</i>	
<input type="checkbox"/> I am an officer of the above named corporation, and I elect not to be an employee; hereby excluding myself from workers compensation coverage.	
Signature of corporate officer	Date (mm/dd/yyyy)

Previous Circulars

We have provided related information on corporate officer matters in previous ICRB Circulars:

- [Circular 2014-04](#): Senate Enrolled Act 294 Circular 2014-04
- [Circular 2013-09](#): Revised State Form 36097 ("Election Form")
- [Circular 2010-13](#): Executive Officer Minimum Payroll Transition Program
- [Circular 2009-05](#): HB 1701 - Sole Corporate Officer Election

Sincerely,

Ronald W. Cooper, CWCP
President

Attachments:

"Election Form"

Notice For Workers Compensation and Occupational Diseases Coverage
[State Form 36097 \(R7 / 6-14\)](#)