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**INCLUSION FORM FOR SOLE PROPRIETORS/ PARTNERS ELECTION**

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Pursuant to the Workers' Compensation Act, Annotated Code of Maryland, Labor and Employment Article, §§ 9-219 and 9-227, sole proprietors and partners are excluded from coverage under the Act; however, such persons may elect to become covered employees under the Act.

To exercise this option, any sole proprietor or partner electing to be a covered employee must complete and sign this document.

**IMPORTANT:**

Submit this form to the Workers' Compensation Commission, a copy to the insurer, and keep a copy for your records.

**Unless otherwise agreed, this election will be effective upon the date of receipt of this form by the MD Workers' Compensation Commission.**

CURRENT DATE:

DATE INSURANCE COMPANY WAS NOTIFIED:

NAME OF INSURANCE COMPANY:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

Name and Title of Person Electing Coverage

Personal Signature