



Pennsylvania Compensation Rating Bureau

United Plaza Building • Suite 1500
30 South 17th Street • Philadelphia, PA 19103-4007
(215)568-2371 • FAX (215)564-4328 • www.pcrb.com

TO: Pennsylvania Classification & Rating Committee

FROM: Betty Ann Campbell
Director – Rating Rules & Policy Reporting

DATE: November 25, 2013

RE: Department of Labor & Industry Forms

Form LIBC-513, Executive Officer's Declaration, and Form LIBC-509, Application for Executive Officer's Declaration, are published periodically by the Department of Labor & Industry. These forms are shown for reference purposes in our Manual.

The Department of Labor & Industry revised the above referenced forms effective September 2013. We proposed to replace those currently in the Manual with the attached most recent forms.

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EXECUTIVE OFFICER'S DECLARATION

INSTRUCTIONS: Each executive officer having an ownership interest in a corporation seeking exemption must complete an original declaration for submission with the Corporation's Application for Executive Officer Exception. The total ownership interest of all declarations combined must equal 100 percent.

I, the below named Executive Officer, do hereby knowingly and voluntarily elect not to be an employee of the below named corporation for purposes of the Pennsylvania Workers' Compensation Act, and waive any and all benefits and rights which I might be entitled under the Pennsylvania Workers' Compensation Act (77 P.S. §1, et seq.).

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

- Has an ownership interest in a Subchapter S corporation as defined by the Federal Tax Reform Code of 1971.
- Has at least 5 percent ownership interest in a Subchapter C corporation as defined by the Federal Tax Reform Code of 1971.
- Serves voluntarily and without remuneration in a nonprofit corporation.

I, the undersigned, verify that the facts set forth in this Executive Officer's Declaration 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.

Executive Officer's signature _____ Date
MM - DD - YYYY

Corporation's full legal name

Title of executive officer

First name

Date of birth

 - -

Middle name

MM DD YYYY

Social Security Number

Last name

Suffix (ex: Jr.)

Percentage of ownership

Telephone

 - -

ADDRESS (Business or residence address acceptable)

City

State

ZIP

 -

NOTE: If not filing electronically, send the original to: Bureau of Workers' Compensation, Compliance Section, 1171 South Cameron Street, Harrisburg, PA 17104-2597

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Information
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
toll-free inside PA TTY: 800.362.4228
local & outside PA TTY: 717.772.4991

Email
ra-li-bwc-helpline@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

APPLICATION FOR EXECUTIVE OFFICER'S DECLARATION

INSTRUCTIONS: If not filing electronically, submit one original application for the corporation along with an Executive Officer's Declaration for every officer having an ownership interest. The total ownership interest of all declarations combined must equal 100 percent. If the corporation has workers' compensation insurance, all forms must be submitted directly to the insurance carrier. If not, submit all original forms to: **Bureau of Workers' Compensation, Compliance Section, 1171 South Cameron Street, Harrisburg, PA 17104-2597**

CORPORATION INFORMATION

Federal employer identification number

 -

Telephone

 - -

Corporation's full legal name

Corporation address

Corporation address

City/Town

State

ZIP

 -

Does the corporation have Pennsylvania employees other than those listed on the attached declarations(s)? Yes No

If yes, employer's current workers' compensation coverage:

Insurance company name

Policy number

Policy effective start date - -

MM

DD

YYYY

Policy effective end date - -

MM

DD

YYYY

Corporation type: (check only one box)

Subchapter S Subchapter C Nonprofit

I, the undersigned, verify that I am signing in my capacity as an Executive Officer for the above named corporation and that I am authorized to do so. I further verify that the facts set forth in this Executive Officer's Exception Application 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.

Signature of Executive Officer _____ Date - -

MM

DD

YYYY

First name

Last name

Title

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