

**Department of Workforce Development**  
**Worker's Compensation Division**  
Bureau of Insurance Programs  
201 E. Washington Ave., Rm. C100  
P.O. Box 7901  
Madison, WI 53707  
Telephone: (608) 266-3046  
Fax: (608) 266-6827  
<http://dwd.wisconsin.gov/wc>  
e-mail: DWDDWC@dwd.wisconsin.gov

Dear Employer:

Re: Corporate Officer Option under section 102.076 of the Wisconsin Worker's Compensation Act.

Corporate officers are considered employees of the corporation and the corporation is subject to the Wisconsin Worker's Compensation Act. However, if a closely held corporation has no more than two (2) corporate officers and has no other employees, a worker's compensation policy is not required if both officers elect not to be subject to the Worker's Compensation Act. A closely held corporation is defined as a corporation with not more than 10 stockholders.

To elect not to be subject to the Worker's Compensation Act, the Corporate Officer Option Notice on the back of this form must be completed and filed with the Worker's Compensation Division. Officers who exclude themselves will still be counted in determining whether the employer is subject to the Worker's Compensation Act under section 102.04(1)(b) of the Wisconsin Statutes. If a qualified corporation elects to file a Corporate Officer Option Notice, the corporation must complete and return the Corporate Officer Option Notice within 15 days of the date this letter was mailed.

A corporation with more than two (2) corporate officers or any other employee or employees is not eligible to file a Corporate Officer Option Notice and must obtain and/or maintain a worker's compensation insurance policy. All worker's compensation policies covering corporations include corporate officers, however, a closely held corporation may exclude up to two (2) corporate officers from coverage on their policy. The exclusion must be made by an endorsement on the worker's compensation policy and must include the name(s) of the officer(s). The exclusion will remain in effect for the policy period. Contact your insurance agent or insurance company regarding this policy endorsement.

A qualified corporation must either file a Corporate Officer Option Notice or obtain/maintain a worker's compensation insurance policy or the corporation will be considered uninsured and in violation of the Wisconsin Worker's Compensation Act. The penalty for failure to carry worker's compensation insurance when required is twice the amount of premium not paid during the uninsured time period or \$750, whichever is greater. Under certain circumstances, an employer who has a lapse in worker's compensation insurance coverage can be subject to a penalty of \$100 for each day they are uninsured up to 7 days.

If you have questions regarding the Wisconsin Worker's Compensation Act and whether you qualify to file a Corporate Officer Option Notice, contact the Wisconsin Worker's Compensation Division, Bureau of Insurance Programs, at (608) 266-1340 or write to P.O. Box 7901, Madison, WI 53707. The Division is located in the GEF 1 State Office Building, Room 161, 201 East Washington Avenue, Madison.

## Corporate Officer Option

A closely held corporation having no more than two corporate officers and no other employees may elect not to be subject to the Wisconsin Worker's Compensation Act by completing the Corporate Officer Option Notice below and returning it to the Wisconsin Worker's Compensation Division, Bureau of Insurance Programs, P.O. Box 7901, Madison, WI 53707. Our fax number is (608) 266-6827. This form must be returned within 15 days.

If you have any questions about whether you qualify to file a Corporate Officer Option Notice, please call (608) 266-1340 before you complete and return this form.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

## Corporate Officer Option Notice

Federal Employer Identification Number
Corporation Name <b>(Please Print)</b>
Corporation Address
City, State, Zip Code

As an officer of the above named corporation I elect not to be subject to provisions of the Wisconsin Worker's Compensation Act until such election is rescinded by written notice to the Wisconsin Worker's Compensation Division or the corporation obtains a worker's compensation insurance policy. I understand that buying a policy will cancel this election.

**The corporation has no other employees or corporate officers than those listed below.**

Before any employee is hired, the corporation will obtain a worker's compensation policy. I also understand that the failure to obtain a worker's compensation insurance policy, if required by the Wisconsin Worker's Compensation Act, will result in a mandatory penalty assessed by the State of Wisconsin. The penalty for failure to carry worker's compensation insurance, if required, is twice the amount of premium not paid during an uninsured time period or \$750, whichever is greater. Under certain circumstances, an employer who has a lapse in worker's compensation insurance coverage can be subject to a penalty of \$100 for each day they are uninsured up to 7 days. (See sections 102.82(2)(a) and 102.82(2)(ag) of the Wisconsin Statutes.)

Corporate Officer Name <b>(Please Print)</b>	Corporate Officer Name <b>(Please Print)</b>
Corporate Officer Signature	Corporate Officer Signature
Title	Title
Telephone Number	Telephone Number
Date Signed	Date Signed