

EMPLOYEE'S NOTICE OF REJECTION OF THE ARIZONA WORKERS' COMPENSATION LAW

EMPLOYEE — READ BEFORE SIGNING

This rejection, to be valid, must be a free and voluntary election upon your part, uninfluenced by intimidation, fraud or coercion of any nature whatsoever.

An employee who rejects the Arizona Workers' Compensation Act gives up the right to receive the compensation and medical benefits provided by said Act in the event of injury or death by accident arising out of and in the course of employment and, in lieu thereof, retains the right to bring an action against his employer for damages.

POLICY NO. _____ DATE _____
Month Day Year

TO _____
(FULL NAME OF EMPLOYER)

(ADDRESS OF EMPLOYER IN FULL)

You are hereby notified that the undersigned elects to reject the terms, conditions and provisions of the law for the payment of compensation, as provided by the Workers' Compensation Law of the State of Arizona, and acts amendatory thereto.

(EMPLOYEE SIGN HERE) (STREET ADDRESS/PO BOX OF EMPLOYEE)

(EMPLOYEE PRINT NAME HERE) (CITY, STATE & ZIP CODE)

(SOCIAL SECURITY NO. OF EMPLOYEE) RELATIONSHIP TO EMPLOYER (I.E., SPOUSE, SON, DAUGHTER)

NOTE: This notice is of no effect unless it is filled out in duplicate and served upon the employer. The employer shall, in all cases, within five days of receipt of the notice, file the original with the SCF Arizona. The second copy may be retained for the employer's file.

SCF ARIZONA USE ONLY

POLICY PERIOD _____ SCF ARIZONA REC DATE _____

ARD _____ SCF ARIZONA INITIALS _____

ISSUE 1050

EFF

SECOND ENDORSEMENT

EFF

RETURN ORIGINAL TO SCF ARIZONA
3030 NORTH 3RD STREET, PHOENIX, AZ 85012-3068
EMPLOYER — RETAIN COPY FOR YOUR FILE