

**APPLICATION FOR WAIVER**  
**STATE OF MAINE**  
**WORKERS' COMPENSATION BOARD**  
 27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027  
 TEL: (207) 287-3751 FAX: (207) 287-5413

**WAIVERS ARE NOT VALID UNTIL APPROVED BY THE BOARD**

**APPLICANT-EMPLOYEE**

**BUSINESS - EMPLOYER**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT PHONE #: \_\_\_\_\_

EMPLOYER PHONE #: \_\_\_\_\_

EMPLOYER FEIN #: \_\_\_\_\_

**I am employed by the above-named employer which is a (check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> SOLE PROPRIETOR           | <input type="checkbox"/> CORPORATION/S-CORP       |
| <input type="checkbox"/> PARTNERSHIP               | <input type="checkbox"/> PROFESSIONAL CORPORATION |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY |   |

**And (select the correct option under I, II or III):**

<p><b>I.</b> <input type="checkbox"/> The <b>Applicant</b> is the (circle one):    PARENT            SPOUSE            DOMESTIC PARTNER            CHILD  of the above-named Sole Proprietor, or Partner or Member of a Limited Liability Company.</p>
<p><b>II.</b> The <b>Applicant</b> is the (check one) <input type="checkbox"/> bona fide owner of at least 20% of the outstanding voting stock of the above-named corporation <b>OR</b> <input type="checkbox"/> the (circle one)    PARENT            SPOUSE            DOMESTIC PARTNER            CHILD    of a bona fide owner.</p> <ul style="list-style-type: none"> <li>▪ Number of Voting Stock <b>Issued</b> by Employer _____ (actual number—not percentage)</li> <li>▪ Number of Voting Stock <b>Owned</b> by Applicant _____ (actual number—not percentage)</li> </ul>
<p><b>III.</b> The <b>Applicant</b> is a (check one) <input type="checkbox"/> shareholder of the above-named professional corporation <b>OR</b> <input type="checkbox"/> the (circle one) PARENT SPOUSE DOMESTIC PARTNER CHILD of a shareholder of the above-named professional corporation.</p>

**I hereby waive all benefits and privileges provided by the Maine Workers' Compensation Act pursuant to 39-A M.R.S.A. §102(11) (A) (4) and (5). I certify that the foregoing information is truthful and accurate, and that this waiver is not a prerequisite condition to employment. I understand that if this information is found to be intentionally misleading or fraudulent, or if the information changes, this waiver may be nullified. I agree to notify the Workers' Compensation Board of any changes in this information.**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

**NOTE: ANY PERSON MAY REVOKE OR RESCIND THAT PERSON'S WAIVER UPON 30 DAYS WRITTEN NOTICE TO THE BOARD AND THAT PERSON'S EMPLOYER.**

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