

WORKERS' COMPENSATION COMMISSION

10 East Baltimore Street
Baltimore, Maryland 21202-1641



TEL: (410) 864-5100 or 1(800) 492-0479
TTD (MD Relay Service) : 1(800) 735-2258
<http://www.wcc.state.md.us>

Date Stamp – WCC Use
Only

JOINT ELECTION FORM

Pursuant to the provisions of § 9-204 of the Labor and Employment Article (“LE”) of the Annotated Code of Maryland, an individual who otherwise would not be a covered employee and the employer of the individual may elect to make the individual a covered employee by filing a joint election with the Commission. An individual who is not a covered employee due to LE § 9-223(c) of this subtitle and the employer of the individual may not make an election under this section if prohibited by federal law.

To exercise this option, the individual electing to become a covered employee **and** the employer must sign this document.

IMPORTANT:

Submit original form to the Workers’ Compensation Commission and retain a copy.

Unless otherwise agreed upon, this election will be effective upon the date of receipt by the Workers’ Compensation Commission.

CURRENT DATE:

EMPLOYER NAME:

COMPANY NAME(if applicable):

ADDRESS:

CITY:

STATE:

ZIP:

EMPLOYER SIGNATURE:

Name of Employee Electing Coverage	Social Security Number	Personal Signature