



LUBA WORKERS' COMP VOLUNTARY COMPENSATION REQUEST FORM

Date _____

Insured Name: _____

Policy #: _____

Agency: _____

Effective date _____

The following is a list of exempt employees that LUBA will voluntarily provide Workers Compensation coverage for, upon receipt of completed request form:

1. Any employee of a private residential household or any employee of a private unincorporated farm (it is possible that more than one class code would apply, indicate class code below)
2. Uncompensated officers and uncompensated members of boards of directors of certain nonprofit organizations *(current Minimum State Payroll Limitation for officers will apply to each board member under the class code 8810-Clerical)
3. Any real estate broker or salesmen licensed to do business in the States of Louisiana, Mississippi or Arkansas
4. Elected Officials of Public Entities.

	# of Employees/ Board Members/ Elected Officials*	Annual Payroll
1) Private Domestic Worker		N/A (premium based on employee count)
2) Board Members (Code 8810)	X	**Min Officer Payroll by State =
3) Real Estate Broker		
4) Elected Officials		

*Separate List may be provided and attached to request for elected officials

**Minimum payroll amount to be provided by LUBA

FOR INTERNAL USE ONLY	
Policy #:	Inception Date:
Approved: [] Yes [] No	Eff Date:
Authorized by:	