THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Policy No.:

Dear Policyholder:

Workers' Compensation Law permits self-employed persons, partners of partnerships (other than limited partners) and members of limited liability companies (LLC's) to elect to be covered for benefits.

If you are self-employed (sole proprietor) or a partner as defined in Section 10 of the Partnership Law or a member of an LLC, you can elect to be covered under your policy by completing, signing and returning to The State Insurance Fund, along with this letter, the enclosed Notice of Election form, U-627. Coverage would take effect one day after the date postmarked on the envelope in which your election is received.

Premium of this coverage would be subject to a minimum and maximum annual remuneration. The minimum remuneration is $31,200 and the maximum remuneration is $94,900 annually.

If you have no employees and you do not want coverage for yourself (if self-employed) or for any partner (if partnership) or for any member of an LLC, you can avoid premium charges by canceling your policy. Cancellation can be effected by sending us written notice.

_____	$_____
Name of Member of LLC	Annual Salary or Remuneration
_____	$_____
Name of Sole Proprietor	Annual Salary or Remuneration
_____	$_____
Name of Partner	Annual Salary or Remuneration
_____	$_____
Name of Partner	Annual Salary or Remuneration

Please attach additional sheet if necessary.

XXXXXXX
Underwriting Department

U-626 (10/11)

State of New York
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

NOTICE OF ELECTION OF A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, PROFESSIONAL LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, PROFESSIONAL LIMITED LIABILITY COMPANY OR SOLE PROPRIETORSHIP TO BRING PARTNERS, MEMBERS OR SELF-EMPLOYED PERSONS UNDER THE COVERAGE OF THE NEW YORK STATE WORKERS' COMPENSATION LAW

To: (Print name and address of insurance carrier here)

THIS ELECTION IS EFFECTIVE AS OF THE DATE FILED WITH THE INSURANCE CARRIER

TAKE NOTICE that under the provisions of Sec. 54, subd. 8, of the New York Workers' Compensation Law as amended, the partnership as defined in Section 10 of the Partnership Law of New York State or the limited liability partnership (LLP) or professional limited liability partnership (PLLP) or limited liability company (LLC) or professional limited liability company (PLLC) or sole proprietorship named below elects to bring the partners, members or self-employed persons listed herein under the coverage of the New York Workers' Compensation Law with respect to all policies issued to the partnership, LLP, PLLP, LLC, PLLC or sole proprietorship by the insurance carrier named above.

Name of Partnership, LLP, PLLP, LLC, PLLC or Sole Proprietorship_____

Address_____
(County Where Principal Office is Located)

☐ This is a sole proprietorship having employees required to be covered under the NYS Workers' Compensation Law.

☐ This is a partnership as defined in Section 10 of the Partnership Law of New York State, having employees required to be covered under the NYS Workers' Compensation Law. This is not a limited partnership.

☐ This is a limited liability partnership or professional limited liability partnership having employees required to be covered under the NYS Workers' Compensation Law.

☐ This is a limited liability company or professional limited liability company having employees required to be covered under the NYS Workers' Compensation Law.

PARTNERS, MEMBERS OR SELF-EMPLOYED PERSONS TO BE INCLUDED IN POLICY
Name and Address of partners, members, or self-insured persons included in policy. Copy of this notice should be sent to each person named below.

I am a ☐ general partner ☐ sole proprietor ☐ member ☐ other (specify)_____

of the herein named firm or company and certify that the above election to include partners, members or self-employed persons as set forth above, was duly made by the partnership, company, or sole proprietorship and was entered upon the records of the firm or company.

Name of Firm or Company_____Date_____

_____
(Signature) Type Name and Title Telephone No.

PLEASE NOTE
This form applies only to the partners, members or self-employed persons here certified and should be sent at once to the insurance carrier. A new Form C-105.32 must be filed whenever new or additional partners, members or self-employed persons are to be included or when the insurance carrier is changed. For copy of Sec. 54, subd. 8, of the Workers' Compensation law and Sec.10 of the Partnership Law see reverse side.

SECTION 54, SUBDIVISION 8 OF THE NEW YORK WORKERS' COMPENSATION LAW

Section 54, Subd. 8

"A self-employed person or a partner of a partnership as defined in section ten of the partnership law but not including a limited partner, having other persons who are employees required to be covered under this chapter may be included in the compensation insurance contract or covered under a certificate of self-insurance. Such election shall be made by any such partnership or sole proprietorship filing with the insurance carrier or the chairman in the case of self-insurance upon a form prescribed by the chairman of the workers' compensation board, a notice that the partnership or sole proprietorship elects to include the partner or partners or the self-employed person named in the notice in the coverage of this chapter. Such election shall be effective with respect to all policies issued to such partnership or sole proprietorship by such insuance carrier as long as it shall continuously insure the employees of the partnership or sole proprietorship. Such election shall be final and binding upon the partner or self-employed person named in the notice untill revoked by the partnership or sole proprietorship. A self-employed person or a partner of a partnership having no other persons who are employees required to be covered under this chapter shall be deemed to be excluded from coverage under this chapter unless he elects to be covered. Such coverage may be effected by obtaining an insurance policy.

The self-employed persons or partners of a partnership brought within the coverage of the insurance contract, and the dependents of any such self-employed persons or partners of a partnership shall have the same rights and remedies as any employee or his dependents and shall be entitled to compensation and medical care as provided by this chapter, and the insurance carrier shall be liable therefor and for payments into the special funds provided in this chapter as in the case of an employee."

SECTION 10 OF THE NEW YORK PARTNERSHIP LAW

Section 10. Partnership Defined

"1. A partnership is an association of two or more persons to carry on as co-owners a business for profit.

2. But any association formed under any other statute of this state, or any statute adopted by authority, other than the authority of this state, is not a partnership under this chapter, unless such association would have been a partnership in this state prior to the adoption of this chapter; but this chapter shall apply to limited partnerships except in so far as the statutes relating to such partnership are inconsistent herewith."