

Beyer Insurance Agency, Inc.  
453 West 162<sup>nd</sup> Street  
South Holland, IL 60473  
Phone: 708-331-5300 / Fax #: 708-331-5808  
EMAIL: BEYERINSURANCE.COM

**CORPORATE EXECUTIVE OFFICER WAIVER OF RIGHTS  
UNDER WORKERS' COMPENSATION LAW**

**EXECUTIVE OFFICER'S NAME:** \_\_\_\_\_

**CORPORATION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OFFICE HELD IN CORPORATION:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT AFFECTING YOUR RIGHTS TO FINANCIAL  
BENEFITS UNDER ILLINOIS LAW, READ IT CAREFULLY BEFOR SIGNING.**

I, the undersigned, an executive officer of the Illinois Corporation whose corporate name and address appear above. **DO HEREBY CERTIFY THAT I do hereby waive my right to coverage by said corporation under the Illinois Workers' Compensation Law.**

**THIS ELECTION SHALL BE BINDING UNTIL WITHDRAWN  
BY WRITTEN NOTICE.**

**NOTICE: I am aware that the health and accident insurance policies frequently exclude coverage for the personal injuries caused by accident or occupational disease arising out of and in the course of employment. Before waiving my rights to coverage under the Illinois Workers' Compensation Law, I CERTIFY that I have carefully examined the terms of my health and accident coverage.**

\_\_\_\_\_  
**Officer's Signature**

\_\_\_\_\_  
**Date**

**Witness** \_\_\_\_\_