MAIL FORM TO:
Employer Services
Department of labor & Industries
PO Box 44144
Olympia WA 98504-4144

(360) 902-4817

APPLICATION FOR EXCLUSION/INCLUSION MANDATORY COVERAGE (Family Farm)

Under the provisions of RCW 51.12.020 as amended by House Bill 2322, I request my children listed below be (excluded from or included in) mandatory workers' compensation coverage. (Check appropriate box below)

☐ **Exclusion**: I certify they are at least 18 years old and under 21 years old, that they are employed in agricultural activities on our family farm, and that they reside with me or on the family farm. This exclusion will be effective the date the department receives this exclusion, or on a later date if indicated.

☐ **Inclusion**: I request my previously approved exclusion from coverage for my children be canceled. I now want them to be covered by workers' compensation insurance. The cancellation of exclusion will be effective the date the department receives this cancellation, or on a later date if indicated.

The effective date of this action will be 12:01 a.m., Month ____ Day____ Year ___ , but will not be prior to the date the department receives this notification

Employer's name		Official position	
Business address	City		State ZIP
L&I Account ID	Today's date / /	Signature of employer	

Name(s) of children	Social Security Number	Date of Birth
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