

WORKERS' COMPENSATION INSURANCE REJECTION

The undersigned owner/employee hereby rejects any and all coverage as provided and is available under the Arizona State Workers' Compensation Act. The undersigned further acknowledge that he/she understand that Workers' compensation is governed by the laws found in Article 18, Section 8 of the Arizona State Constitution, Chapter 6 of Title 23 of the Arizona Revised Statutes (A.R.S. § 23-901 et seq., also sometimes referred to as "the Act") and Workers' Compensation Practice and Procedure rules contained in the Arizona Administrative Code (A.A.C. R20-5-101 et seq.). Under Arizona law, it is mandatory for employers to secure workers' compensation insurance for their employees. Workers' compensation is a "no fault" system in which an injured employee is entitled to receive benefits for an industrial injury, no matter who caused the job-related accident. If an illness or injury is job-related, then the injured worker (also known as a claimant or applicant) receives medical benefits and may receive temporary compensation, if eligibility requirements are met. In some cases, a claimant may also receive permanent compensation benefits, "job retraining," and supportive medical care.

The undersigned individual declares to Unified Services I, Inc. that they are an owner of said undersigned Company. The following owner/employee of said listed company below hereby rejects any and all coverage as may be provided, including compensation and medical benefits, under such coverage as would be provided under workers compensation insurance.

The undersigned acknowledges that he/she owns at least a five (5%) percent interest in said listed company below. In addition, by signing this rejection request the undersigned acknowledges that for this rejection to be valid, it must be a free and voluntary election. Further the undersigned owner/employee confirms that there has been no intimidation, fraud, force or threat of, or coercion of any nature whatsoever in making this election to reject workers compensation insurance coverage.

By signing this request, the undersigned acknowledges that they have a full understanding as to their financial responsible that may arise from any injury or illness that they may experience or encounter as an owner/employee of said Undersigned Company.

As an owner/employee who rejects coverage as provided by the Arizona Workers' Compensation Act agrees to hold harmless, Unified Services I, Inc and it owners, from any injury or illness that you the owner/employee may experience or encounter as an owner/employee of said Undersigned Company.

As an owner/employee who rejects coverage as provided by the Arizona Workers' Compensation Act agrees to hold harmless, Unified Services I, Inc and it owners, from any and all financial responsibilities that you the owner/employee may incur due to any injury or illness that you the owner/employee may experience or encounter as an owner/employee of said Undersigned Company.

I hereby confirm that I have at least a five percent (5%) ownership in the company named below and I reject any and call coverage as provided by workers compensation insurance company.

Owner Signature

Print Name

Rejection Date: _____

Date Signed: _____

Company Name

EIN