

WITHDRAWAL OF ELECTION OF COVERAGE

TO: First Benefits Insurance Mutual, Inc.

You are hereby notified that the undersigned hereby withdraws the election of coverage under the Workers' Compensation Law previously signed and filed and there by exempts himself from the definition of the term "employee." I/we understand that the effect of this withdrawal of election of coverage is to eliminate me/us from the benefits provided by the Workers' Compensation coverage afforded to:

RE: _____
(Name of Owners or Partners)

doing business as _____
(Firm or Trade Name)

(Address) (City) (State) (Zip)

FEIN: _____ **Policy #:** _____

Names of Owners or Partners

(Type or Print each officer's name and title under signature)

(Signature) (Date)

(Name & Title)

(Signature) (Date)

(Name & Title)

(Signature) (Date)

(Name & Title)

(Signature) (Date)

(Name & Title)

WITHDRAWAL OF ELECTION OF COVERAGE SHALL BE EFFECTIVE THIRTY DAYS AFTER RECEIPT.