

Workers' Safety & Compensation Employer # _____
Employer Name _____

EMPLOYER SERVICES
Workers' Safety & Compensation Only
Corporate Officer Notice of Change

I have employees other than Corporate Officers:

Yes No Hired effective Date _____

Replacing a Corporate Officer

Name of former corporate officer:

Resignation effective date:

Position:

SSN:

Name of **new officer**

Date took office

Position:

SSN:

Cancellation of Corporate Officer Coverage

1. Has existing corporate officer had coverage for at least 8 calendar quarters? Yes No

Is the position now vacant? Yes No

Name of Officer:

Position

Cancellation of Corporate Officer/Position Eliminated

2. Has existing corporate officer had coverage for at least 8 calendar quarters? Yes No

Name of officer:

Position

Date position eliminated _____