LIBC-510 REV 8-02

SUBMIT APPLICATION TO:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

EMPLOYER'S APPLICATION TO ELECT DOMESTIC EMPLOYEES TO COME WITHIN PROVISIONS OF THE WORKERS' COMPENSATION ACT: SECTION 321

1. Name of Employer _____

2. Address _____ City _____ State _____

3. Zip Code _____ Telephone Number _____

4. List employee name, address, and social security number:

   (1) Name of Employee _____ S. S. # _____

   Address _____

   (2) Name of Employee _____ S. S. # _____

   Address _____

   (3) Name of Employee _____ S. S. # _____

   Address _____

   (4) Name of Employee _____ S. S. # _____

   Address _____

   (5) Name of Employee _____ S. S. # _____

   Address _____

5. Employer currently has workers' compensation coverage: ☐ Yes ☐ No

   If Yes: Insurance Company _____

   Policy Number _____ Policy Effective Date _____

I, the undersigned employer of the domestic employees named above, do hereby petition the Bureau of Workers' Compensation, Department of Labor and Industry, to permit me to come within the provisions of the Workers' Compensation Act of 1915 and the amendments thereto, in accordance with the provisions of Section 321, and I aver that I have been informed and fully understand that, if this application is granted, I will be bound by all of the provisions of the Workers' Compensation Act.

_____
EMPLOYER'S SIGNATURE

_____
PRINT NAME

DO NOT WRITE BELOW LINE: BUREAU USE ONLY

The application is hereby granted

_____ _____
CHIEF OF COMPLIANCE, BUREAU OF WORKERS' COMPENSATION DATE