



Pennsylvania Compensation Rating Bureau

30 South 17th Street • Suite 1500
Philadelphia, PA 19103-4007
(215)568-2371 • FAX (215)564-4328 • www.pcrb.com

September 6, 2019

PCRB CIRCULAR NO. 1725

To All Members of the PCRB:

RE: APPROVAL OF PCRB FILING NO. 304
INFORMATIONAL FILING OF UPDATED FORMS - LIBC 509 AND LIBC 513, WITH
THE REVISION OF CORRESPONDING MANUAL LANGUAGE
RETROACTIVELY EFFECTIVE APRIL 1, 2019

The Pennsylvania Insurance Commissioner has approved the PCRB's filing regarding the most recently updated editions of form LIBC 509, Application for Executive Officer Exception, and form LIBC 513, Executive Officer's Declaration, effective for use retroactive to April 1, 2019. Prior editions of each form were approved for use in the state, but were subsequently updated in April of 2018 by the Pennsylvania Bureau of Workers' Compensation.

Form LIBC 509 and Form LIBC 513 are required to be completed by qualifying executive officers of a corporation when they elect to fulfill the executive officer exclusion procedure in the state of Pennsylvania. With this approval, Section 1 – Underwriting Rules and Section 3 - Endorsements of the PCRB's Workers Compensation Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance (Basic Manual) will be updated accordingly to reference the revised edition numbers and versions of the forms.

For additional information, please refer to Filing No. 304, posted under the "Filings" tab of the PCRB's website (<http://www.pcrb.com>). Please contact Drew Kratz, Team Lead – Rating Rules & Policy Reporting at 215-320-4432 or at dkratz@pcrb.com for any questions regarding this Circular.

The Basic Manual will be updated on the PCRB's website immediately.

William V. Taylor
President

WVT/DF/dn

APPLICATION FOR EXECUTIVE OFFICER EXCEPTION

INSTRUCTIONS: If not filing electronically, submit one original application for the corporation along with an Executive Officer's Declaration for every officer having an ownership interest. The total ownership interest of all declarations combined must equal 100 percent. If the corporation has workers' compensation insurance, all forms must be submitted directly to the insurance carrier. If not, submit all original forms to: **Bureau of Workers' Compensation, Compliance Section, 1171 South Cameron Street, Harrisburg, PA 17104-2501**

CORPORATION INFORMATION

Federal employer identification number

 -

Telephone

 - -

Corporation's full legal name

Corporation address

Corporation address

City/Town

State

ZIP

 -

Does the corporation have Pennsylvania employees other than those listed on the attached declarations(s)? Yes No

If yes, employer's current workers' compensation coverage:

Insurance company name

Policy number

Policy effective start date - -

MM

DD

YYYY

Policy effective end date - -

MM

DD

YYYY

Corporation type: (check only one box)

Subchapter S Subchapter C Nonprofit

I, the undersigned, verify that I am signing in my capacity as an Executive Officer for the above named corporation and that I am authorized to do so. I further verify that the facts set forth in this Executive Officer's Exception Application are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature of Executive Officer _____ Date - -

MM

DD

YYYY

First name

Last name

Title

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-ll-bwc-help@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

EXECUTIVE OFFICER'S DECLARATION

INSTRUCTIONS: Each executive officer having an ownership interest in a corporation seeking exemption must complete an original declaration for submission with the Corporation's Application for Executive Officer Exception. The total ownership interest of all declarations combined must equal 100 percent.

I, the below named Executive Officer, do hereby knowingly and voluntarily elect not to be an employee of the below named corporation for purposes of the Pennsylvania Workers' Compensation Act, and waive any and all benefits and rights which I might be entitled under the Pennsylvania Workers' Compensation Act (77 P.S. §1, et seq.).

I do hereby state and affirm that I am an executive officer who: (check only one box)

- Has an ownership interest in a Subchapter S corporation as defined by the Federal Tax Reform Code of 1971.
- Has at least 5 percent ownership interest in a Subchapter C corporation as defined by the Federal Tax Reform Code of 1971.
- Serves voluntarily and without remuneration in a nonprofit corporation.

I, the undersigned, verify that the facts set forth in this Executive Officer's Declaration are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Executive Officer's signature _____ Date
MM - DD - YYYY

Corporation's full legal name

Title of executive officer

First name _____ Date of birth
MM - DD - YYYY

Middle name _____ Social Security Number
_____ - _____ - _____

Last name _____

Suffix (ex: Jr.) _____ Percentage of ownership _____ Telephone
_____ - _____ - _____

ADDRESS (Business or residence address acceptable)

City _____ State _____ ZIP
_____ - _____

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