

DECLARATION UNDER IDAHO CODE § 72-212(5)

THE VALIDITY OF THIS DECLARATION IS SUBJECT TO THE REQUIREMENTS OF IDAHO CODE § 72-212(5).

To be completed by employee. Please type or print. **EMPLOYEE**

Employee Name: _____

Mailing Address: _____
Street Address or Post Office Box City State Zip Code

Physical Address: _____
Street Address City State Zip Code

Telephone Number: _____ Social Security Number: _____

Relationship to Employer: _____

To be completed by employer. Please type or print. **EMPLOYER**

Name of Sole Proprietor Employer: _____

Business Name, If Any: _____

Federal Employer ID #: _____ Telephone #: _____

Physical Location of Business: _____
Street City State Zip Code

Mailing Address of Business: _____
Street or Post Office Box City State Zip Code

Home Address of Employer: _____
Street City State Zip Code

Employer Information Provided By: _____
Please type or print name

If employer has a workers' compensation insurance policy, complete the following:

Insurance Company: _____

Policy #: _____ Eff. Date: _____

CHECK ONE OF THE FOLLOWING:

- I hereby exclude myself from coverage under the Idaho Workers' Compensation Law and understand that I am not eligible for workers' compensation insurance benefits until this declaration is revoked.*
- I hereby revoke the election of exemption previously filed with the Industrial Commission.*

By my signature I certify that the foregoing is true and correct, to the best of my knowledge.

Signature of Employee: _____ **Date:** _____

Signature of Employer: _____ **Date:** _____