



State of Vermont  
Department of Labor  
PO Box 488  
Montpelier, VT 05601-0488  
(802) 828-2286

Form 29 – Rev. 11/22

**Application To Exclude Corporate Officers or LLC Members From Workers’ Compensation Coverage**

Vermont law permits corporate officers or LLC members to exclude up to four (4) officers or members from protection under the Vermont Workers’ Compensation Act. Corporate officer refers to the President, Vice President, Secretary, Clerk or Treasurer. A Limited Liability Company may exclude up to four (4) managers or members. Vermont law permits a corporation or LLC to be wholly excluded from workers’ compensation coverage requirements when all of the corporate officers or members are excluded and the corporation or LLC has no workers. Please complete one application per officer/member.

If you are a corporation then you MUST attach a NOTARIZED copy of the minutes of the Board of Directors meeting to this application: The minutes must indicate that the applicant has been elected an officer of the company. The minutes must indicate that the directors have approved the exclusion.

If you are an LLC then you MUST attach a NOTARIZED affidavit to this application. A blank affidavit is a part of this form.

The records on file in the Secretary of State’s office MUST indicate that the above business is presently incorporated or an LLC and that its charter has not been revoked.

If you had previously filed, and been APPROVED for an exclusion, that exclusion REMAINS in effect until you request that it be rescinded, and you do not need to complete a new form. If you have 4 approved officer/member exclusions on file with this office you will need to submit a rescission request for the officers/members that are no longer part of your corporation/LLC.

It is your responsibility to provide the information needed to approve this application in a timely manner. **Exclusions, if approved, may take effect no earlier than the date upon which the Commissioner received a COMPLETE application and the required minutes or affidavit.**

\*\*indicates required fields

Legal Name of Corporation/LLC\*\*:

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Federal ID Number\*\*:

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Business Name (if different):

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Address of Corporation/LLC\*\*:

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(Street, Rural Route, Box Number)

(City/Town, State and Zip Code)

The undersigned, an officer of the above-named corporation or member of the LLC, elects to be excluded from coverage under the corporation’s/LLC’s workers’ compensation policy, and not be entitled to the protections provided by Vermont Workers’ Compensation Act from the date this application is approved by the Commissioner.

\_\_\_\_\_  
Name of Officer/Member (Print or Type)

\_\_\_\_\_  
Signature of Officer/Member

\_\_\_\_\_  
Position Held in Corporation/LLC

\_\_\_\_\_  
Date Signed

Please complete the form and return to the Department of Labor, PO Box 488, Montpelier, VT 05601-0488. After approval, a copy will be returned to you. You will need to keep one for your corporate files and send one to your insurance agent.

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Commissioner of Labor or Designee

Affidavit of \_\_\_\_\_

I/We \_\_\_\_\_ state the following:

1 I/We \_\_\_\_\_ are members/managers for  
\_\_\_\_\_ LLC

2. Unanimous consent of the members(s) of \_\_\_\_\_ LLC.  
In lieu of organizational meeting dated \_\_\_\_\_ allowing the exclusion of members of the LLC from  
protection under the State of Vermont Workers' Compensation Act.

By: \_\_\_\_\_  
Member Name Printed Member Signature Date

\_\_\_\_\_  
Member Name Printed Member Signature Date

\_\_\_\_\_  
Member Name Printed Member Signature Date

\_\_\_\_\_  
Member Name Printed Member Signature Date

State of \_\_\_\_\_  
County \_\_\_\_\_

At \_\_\_\_\_ in said county and state this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_ personally appeared and under oath swore to the foregoing statements to his/her own  
knowledge and belief.

Before me \_\_\_\_\_  
Notary Public

Commission expires: \_\_\_\_\_

Credential Number: \_\_\_\_\_