

NOTICE TO REJECT WORKERS' COMPENSATION COVERAGE FOR MS

To: _____
(Name of Employer)

Address: _____
(Street) (City) (State) (Zip Code)

Nature of Employer's Business: _____

You are hereby notified that _____
(Name of Official)

hereby elects to reject the terms, conditions and provisions of an Act of the General Assembly of Mississippi for the payment of compensation known as the Mississippi Workers' Compensation Act and elects to rely upon the common law as modified by the statutes of this State and by the provisions of said Act for the right to recover for any personal injury which I may receive growing out of and arising from said employment while in the line of duty for my employer above named.

Dated this _____ day of _____ 20_____.

Witness: (Signed) _____
_____ Title _____

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