

# Coverage Status for SP&P - External

## Joint Election Form

Starting the Coverage Status for SP&P Process will require you to select "Joint Election Form" or "Inclusion" form please find the instructions for generating the Joint Election form below.

Coverage Status for SP & P > Joint Election Employer Application

Joint Election Form for Employer

Pursuant to the provisions of § 9-204 of the Labor and Employment Article("LE") of the Annotated Code of Maryland, the employer of an individual who otherwise would not be a covered employee, may elect to make the individual a covered employee by filing a joint election with the commission. An individual who is a covered employee pursuant to LE § 9-223(c) of this subtitle, the employer of that individual may not make an election under this section, if prohibited by federal law.

To exercise this option, both the individual electing to become a covered employee and the employer must provide electronic signature for this activity.

Current Date: 06/11/2023

Employer Name: Test Employer Company Name(if applicable): Test Company

Address: 9 East Baltimore Street City: Baltimore

State: MD Zip Code: 21202

Employee Election Details

Employee Coverage

Name of Employee Electing Coverage

Test Name 1

Test Name 2

Test Name 3

Joint Election Form signature details

Before you begin: You must first generate the Joint Election Signature form by selecting the "Generate Document" button below.

Joint Election Signature Form: [Generate Document](#)

Joint Election Signature Form.pdf

After you generate the Joint signature form, print the form, and then email, fax or deliver in person to the other parties for signature. Once the document is signed, you should review it to ensure all document is signed correctly. Any incomplete or improperly signed document may delay the processing of the Request. Upon receipt of all necessary signatures, please upload the form below. Do not select this option until you have all signatures. By selecting the "Save" button below, you will then be able to return to this step later to complete the process. Select "Save" now.

Please make sure you upload Signed document in .pdf format

Upload Signed Joint Election Document: [Signed Form.pdf](#) *Reminder: Do not upload the Joint Election Signature Form until you have all signatures*

Certificate of Service

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Electronically Signedby

Catherine Davis  
Supervisor  
06/11/2023 07:24 PM

1 Enter the Employer Information using the textboxes and other controls provided.

2 Enter the Employee Details using the table provided.

3 Click Generate Document to Generate the Joint Election form with the information you've provided. Save the case and return to upload the signed copy.

WORKERS' COMPENSATION COMMISSION

JOINT ELECTION FORM

INSTRUCTIONS : Pursuant to the provisions of § 9-204 of the Labor and Employment Article ("LE") of the Annotated Code of Maryland, the employer of an individual who otherwise would not be added covered employee, may elect to make the Individual a covered employee by filing a joint election with the commission. An individual who is not a covered employee pursuant to LE § 9-223(c) of this subtitle, the employer of that individual may not make an election under this section, if prohibited by federal law.

To exercise this option, both the individual electing to become employee **and** the employer must sign this document.

CURRENT DATE : 6/11/2023  
EMPLOYER NAME : Test Employer  
COMPANY NAME(if applicable) : Test Company  
ADDRESS : 9 East Baltimore Street  
CITY : Baltimore STATE : MD ZIP : 21202

Name of Employee Electing Coverage	Personal Signature
Test Name 1	_____
Test Name 2	_____
Test Name 3	_____

4 Sign and Certify your submission!

# Coverage Status for SP&P - External

## Inclusion Form

Starting the Coverage Status for SP&P Process will require you to select "Joint Election Form" or "Inclusion" form please find the instructions for generating the Inclusion Application.

1 Enter the Insurer Information using the textboxes and other controls provided.

2 Enter the covered parties using the table provided. Click the plus icon to add a new row.

3 Click Generate Document to Generate the Inclusion form with the information you've provided. Save the case and return to upload the signed copy.

Coverage Status for SP & P > Inclusion Application

▼ Inclusion Form for Sole Proprietors/Partners Election

Pursuant to the Workers' Compensation Act, Annotated Code of Maryland, Labor and Employment Article, §§ 9-219 and 9-227, sole proprietors and partners are excluded from coverage under the Act; however, such persons may elect to become covered employees under the Act.

To exercise this option, any sole proprietor or partner electing to be a covered employee must complete and sign this document.

Current Date: 06/11/2023

Name of the Insurance Company:  Date Insurance Company was Notified:

Company Name:

Address:

City:  State:  Zip Code:

▼ Coverage Details

▼ Person Coverage Details

Name and Title of Person Electing Coverage
<input type="text" value="Test Name1"/>
<input type="text" value="Test Name2"/>
<input type="button" value="+"/>

▼ Inclusion Signature Details

*Before you begin: You must first generate the Inclusion Signature form by selecting the "Generate Document" button below.*

Inclusion Signature Form:

*After you generate the Inclusion signature form, print the form, and then email, fax or deliver in person to the other parties for signature. Once the document is signed, you should review it to ensure all document is signed correctly. Any incomplete or improperly signed document may delay the processing of the Request. Upon receipt of all necessary signatures, please upload the form below. Do not select this option until you have all signatures. By selecting the "Save" button below, you will then be able to return to this step later to complete the process. Select "Save" now.*

*Please make sure you upload Signed document in .pdf format*

Upload Inclusion Signature Document:   *Reminder: Do not upload the Inclusion Signature Form until you have all signatures*

▼ Certificate of Service

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Electronically Signed by  
Catherine Davis  
Supervisor  
06/11/2023 08:26 PM

4 Sign and Certify your submission!

WORKERS' COMPENSATION COMMISSION

INCLUSION FORM FOR SOLE PROPRIETORS/PARTNERS ELECTION

**INSTRUCTIONS :** Pursuant to the Workers' Compensation Act, Annotated Code of Maryland, Labor and Employment Article, §§ 9-219 and 9-227, sole proprietors and partners are excluded from coverage under the Act; however, such persons may elect to become covered employees under the Act.

To exercise this option, any sole proprietor or partner electing to be a covered employee must complete and sign this document.

**CURRENT DATE:** 6/11/2023      **DATE INSURANCE COMPANY WAS NOTIFIED:** 06/01/2023  
**NAME OF INSURANCE COMPANY:** Test Insurance Company  
**COMPANY NAME:** Test Company Name  
**ADDRESS :** 9 East Baltimore Street  
**CITY :** Baltimore      **STATE :** MD      **ZIP CODE:** 21202

Name and Title of Person Electing Coverage	Personal Signature
Test Name1	_____
Test Name2	_____