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.

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.

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.*

4 *Sign and Certify your submission!*

Coverage Status for SP & P › Inclusion Applicaion

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:	Test Insurance Company
Date Insurance Company was Notified:	06/01/2023
Company Name:	Test Company Name
Address:	9 East Baltimore Street
City:	Baltimore
State:	MD
Zip Code:	21202

Coverage Details

Person Coverage Details

Name and Title of Person Electing Coverage

Test Name1

Test Name2

+

Inclusion Signature Details

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

Generate Document

Inclusion Signature Form: 📄 Inclusion Signature Form.pdf ✉

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: Inclusion Signed form.pdf ✕ *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 Signedby

Catherine Davis
Supervisor
06/11/2023 08:26 PM

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	_____