



**CITY OF COATESVILLE
PENNSYLVANIA**

**EMPLOYER'S APPLICATION FOR
RELIGIOUS EXCEPTION OF PA
WORKMEN'S COMP ACT**

EMPLOYER NAME: _____ ADDRESS: _____

EMPLOYER IS: SOLE PROPRIETOR PARTNERSHIP
 CORPORATION

NATURE OF EMPLOYER'S BUSINESS: _____

TOTAL NUMBER OF PERSONS EMPLOYED: _____ TOTAL NUMBER OF EMPLOYEES FOR EXCEPTION: _____

EMPLOYER'S WORKERS COMPENSATION COVERAGE: SELF-INSURED - EFFECTIVE DATE OF CERTIFICATE: _____
BUREAU CODE NUMBER: _____
 INSURANCE POLICY - NAME OF INSURER: _____
NAME AND ADDRESS OF AGENT: _____
POLICY NUMBER: _____ EFFECTIVE DATE: _____

FULL NAME OF RELIGIOUS SECT INCLUDING DIVISION: _____ NAME AND ADDRESS OF RELIGIOUS LEADER: _____

DOES SECT PROVIDE, FINANCIAL OR OTHERWISE, FOR INJURED OR DECEASED MEMBERS AND FAMILIES THEREOF?
 YES NO

HAS THIS SECT DONE SO FOR AT LEAST 25 YEARS?
 YES NO - IF NO, HOW MANY YEARS? _____

LIST EMPLOYEE MEMBERS ADDRESSES AND SOCIAL SECURITY NUMBER REQUESTING EXCEPTION:

NAME: _____ SSN: _____

ADDRESS: _____

IF ADDITIONAL EMPLOYEES, CHECK HERE AND ATTACH SEPARATE PAPER

WAIVER OF WORKERS' COMPENSATION

I, _____, DO HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY AND ALL BENEFITS AND RIGHTS TO WHICH I MIGHT BE ENTITLED UNDER THE PA WORKMEN'S COMENSATION AC (77 P.S. §1, ET SEQ.).

SIGNATURE OF EMPLOYEE OR GUARDIAN (IN CASE OF MINOR): _____ DATE: _____

AFFIDAVIT

I, _____, DO HEREBY STATE AND AFFIRM THAT I AM A MEMBER OF _____ (RELIGIOUS SECT). I ALSO HEREBY STATE AND AFFIRM THAT THIS RELIGIOUS SECT HAS ESTABLISHED TENETS AND OR TEACHINGS WHICH OPPOSE THE ACCEPTANCE BY ITS MEMBERS OF ANY PUBLIC OR PRIVATE COMMERCIAL INSURANCE BENEFITS IN THE EVENT OF DEATH, DISABILITY, OLD AGE OR RETIREMENT, OR BENEFITS TOWARDS THE COST OF, OR FOR MEDICAL SERVICES (INCLUDING THE BENEFITS OF ANY INSURANCE SYSTEM ESTABLISHED BY THE FEDERAL SOCIAL SECURITY ACT, 42 U.S.C. §301 ET SEQ.). I AM CONSCIENTIOUSLY OPPOSED TO THE RECEIPT OF SUCH BENEFITS AS A RESULT OF MY BELIEF IN THE TENETS AND/OR TEACHINGS OF MY RELIGIOUS SECT, AND I HAVE THEREFOR KNOWINGLY AND VOLUNTARILY WAIVED Y RIGHTS TO ANYBENEFITS UNDER THE PA WORKMEN'S COMP ACT.

SIGNATURE OF EMPLOYEE OR GUARDIAN (IN CASE OF MINOR): _____ SUBSCRIBED AND AFFIRMED TO BEFORE ME THIS _____ DAY OF _____ 20____.