WORKERS' COMPENSATION COMMISSION

MUNICIPAL CORPORATION/COUNTY ELECTION FOR DEATH BENEFITS FOR LE §9-503 EMPLOYEES

Pursuant to LE §9-683.6, a municipal corporation or county may make a one-time election to make their covered employees who are subject to LE §9-503 and their dependents subject to the death benefit provisions in LE §9-683.1 through 9-683-5. To make the election, the governing body of the municipal corporation must complete this form and submit it with the documentation required as set forth in LE §9-683.6.

1. **County/Incorporated Municipality:**

2. **Federal Employer Identification Number (FEIN):**

3. **Official Address:**

   Street Address:

   Additional(Suite #,P.O.Box):

   City:

   State:

   Zip Code:

4. **Use the Add Attachment Button below to attach a copy of the ordinance or resolution adopting the death benefit provisions set forth in LE §9-683.1 through 9.683.5 for ALL covered county or municipal employees.**

5. **Date of Ordinance or Resolution:**

6. **Contact Information for the pension authorized to receive the acknowledgement of this submission from the Workers' Compensation Commission:**

   First Name:

   Last Name:

   Title:

   Street Address 1:

   Street Address 2:

   City:

   State:

   Zip Code:

   Telephone: -

   E-Mail Address:

I hereby certify under penalty of perjury that I am an authorized representative of
and that the attached document is a true and correct copy of the ordinance/resolution of
_____ on the _____ day of _____ , _____ .