IRA – Workers Compensation Exemption Form *For informational purposes ONLY*

Resource Provider / Company Name Company Owner(s) Mailing / Payment Address City State Zip Code Primary Phone Number Secondary Phone				
	Resource Provider / Company Name		Company Owner(s)	
Primary Phone Number Secondary Phone	Mailing / Payment Address	City	State	Zip Code
	Primary Phone Number Se	econdary Phone		

Oregon Revised Statute chapter 656 provides that all workers are subject to the workers' compensation statutes, unless they are exempted as nonsubject. If you are claiming an exemption, please indicate below which applies:

656.027 (7)(a)	The above-mentioned company is a sole proprietorship and does not have additional employees.	
656.027 (8) (9)	The above-mentioned company is either a: • Partnership, and <u>all</u> employees are also partners, or • Limited liability company, and <u>all</u> employees are also members.	
	The above-mentioned company is a corporation, and all employees are also: Corporate officers, Directors, and Have a substantial ownership interest in the corporation* *"Substantial ownership" means a percentage of ownership equal to or greater than the average percentage of ownership of all the owners, or ten percent, whichever is less.	
656.850 (3)	The above-mentioned company uses workers provided by a worker leasing company or a professional employer organization that carries the required workers compensation coverage.	
656.850 (1)(b)	The above-mentioned company <u>only</u> uses workers provided by a temporary service provider on a temporary basis and has written documentation that states how long the work will last and documents the special situation that requires temporary help. The special situation either falls under: • Employee absences or leaves, • Professional skill shortages, • Seasonal workloads, or • Special assignments or projects	