



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
**SECTION 287.804 – EMPLOYEE’S APPLICATION FOR
RELIGIOUS EXCEPTION FROM THE PROVISIONS OF
THE MISSOURI WORKERS’ COMPENSATION LAW**

Form 1 of 3

This form must be filed with Form 2 - Employee’s Affidavit and Waiver of Workers’ Compensation, Form 3 - Benefits and the Employer’s Affidavit of Exception from Workers’ Compensation Benefits, and Form 4029 - Pre-Approved Federal Form 4029 – Exemption from Social Security and Medicare Taxes and Waiver of Benefits.

Birth Name of Employee (<i>Last, First, MI</i>)		SSN	Date of Birth (<i>MM/DD/YYYY</i>)	
Mailing Address – Street			Phone Number	
City	County	State	ZIP Code (<i>9-Digit</i>)	
Employee Email Address				
1. Name of Employer				
2. Address of Employer				
3. Full Name of Religious Sect AND District/Congregation of Employee				
4. Full Birth Name and Address of Bishop or Congregational Leader of Your Church				
5. Does this Religious Sect Provide Financial and Medical Assistance for Injured Members and Their Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Have you Previously Applied for and Received Approval for a Religious Exception? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. For Which Employer Do You Currently Have an Approval for a Religious Exception?				
8. Do You Currently Still Work for the Employer? If Not, a Rescission Will be Granted, Pursuant to Chapter 287 RSMo. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of Employee (in case of a minor, printed name and signature of parent/guardian)				
Relationship to Minor			Date	
Division Use Only: Date Approved:		Application Number:		

Missouri Division of Workers’ Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711