



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
**EMPLOYEE'S AFFIDAVIT AND WAIVER OF
 WORKERS' COMPENSATION BENEFITS**

Form 2 of 3

This form must be filed with Form 1 - Employee's Application for Religious Exception, 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			Phone Number	
City	County	State	ZIP Code (<i>9-Digit</i>)	

My name is _____ . I am of sound mind, capable of making this affidavit and waiver, and personally acquainted with the facts herein stated. Employees that are minors must have their parents or guardians sign the application, stating that they have explained the waiver of workers' compensation benefits to the minor.

I do hereby state that I am a member, or a minor dependent of a member, of the _____
(Name of recognized religious sect and district/congregation)

Its established tenets and/or teaching conscientiously oppose member acceptance of any private or public insurance benefits which makes payments in the event of death, disability, old age, retirement, or towards the cost of medical bills and provisions of services for medical bills (including the benefits of any insurance system established by the Federal Social Security Act, 42 U.S.C. 301 to 42 U.S.C. 1397jj), and I adhere to said tenets and/or teachings.

I am, therefore, knowingly and voluntarily waiving my rights to any benefits under the Missouri Workers' Compensation Law, Chapter 287, RSMo. I understand and agree that no medical treatment, compensation and death benefits or payments of any kind under Chapter 287, RSMo, will be provided to me in the event of a work-related accident, injury or occupational disease.

I understand that an exception granted to me shall be valid until I rescind my election to reject benefits under the workers' compensation law or the religious sect and division that I am a member of ceases to meet the requirements of §287.804(1) RSMo

I understand that providing false and fraudulent information on this affidavit and waiver would be subject to investigation by the Division's Fraud & Noncompliance Unit and possible prosecution pursuant to §287.128 RSMo or other applicable laws.

Notary

STATE OF MISSOURI)
)
 COUNTY OF _____)

Subscribed and sworn/affirmed to before me this

_____ day of _____, 20_____.

*Printed Name and Signature of Employee and Date
 (Or Parent or Guardian in Case of Minor)*

Relationship to Minor

My Commission Expires:

Notary Public

(Notarial Seal)