



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**EMPLOYER'S AFFIDAVIT OF EXCEPTION FROM  
 WORKERS' COMPENSATION BENEFITS**

**TO BE FILED WITH THE §287.804 – Application for Religious Exception**

Name of Employer	Employer's Business Name	Federal Employer Identification No.	
Mailing Address – Street		Phone Number	
City	County	State	ZIP Code (9-Digit)

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who, being duly sworn on this oath states as follows: *(Name of Employer)*

My name is \_\_\_\_\_. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I certify that I am the employer of \_\_\_\_\_. *(Employee's Name)*

Check one: I am  I am not  a construction industry employer.

I do hereby state that I am a member of \_\_\_\_\_. Its established *(Name of recognized religious sect or division)*

tenets and/or teachings 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 provision 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 have reviewed this affidavit and to the best of my knowledge and belief, it is true and correct. I understand that providing false and fraudulent information on this affidavit would be subject to investigation by the Division's Fraud & Noncompliance Unit and possible prosecution pursuant to §287.128 RSMo or other applicable laws.

STATE OF MISSOURI )  
 )  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
*Signature of Employer and Date*

Subscribed and affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
*Notary Public*

(Notarial Seal)