

**EMPLOYEE'S AFFIDAVIT AND WAIVER OF
WORKERS' COMPENSATION BENEFITS AND
STATEMENT OF RELIGIOUS SECT**

(To be filed with the §304.2 Application for Religious Exception)

EMPLOYEE

First name _____
 Last name _____
 SS # - -
 Address _____
 Address _____
 City/Town _____ State _____ ZIP _____

EMPLOYER

Employer name _____
 Address _____
 Address _____
 City/Town _____ State _____ ZIP _____
 FEIN _____

WAIVER OF WORKERS' COMPENSATION AND AFFIDAVIT

I, _____, do hereby state and affirm that I am a member of _____,
EMPLOYEE RELIGIOUS SECT OR DIVISION

whose established tenets and/or teachings conscientiously oppose member acceptance of any public or private insurance benefits which make payments in the event of death, disability, old age, retirement, or makes payment towards the cost of or provides services for medical bills (including the benefits of any insurance system established by the Federal Social Security Act): I adhere to said tenets and/or teachings. I am, therefore, knowingly and voluntarily waiving my rights to any benefits under the Pennsylvania Workers' Compensation Act.

Subscribed and affirmed to before me this

_____ day of _____, 20_____

EMPLOYEE'S SIGNATURE (or Parent or Guardian in case of minor)

NOTARY PUBLIC

(SEAL)

STATEMENT OF RELIGIOUS SECT

I, _____, hereby state and affirm that I am the religious leader of _____,
RELIGIOUS SECT LEADER RELIGIOUS SECT

and I verify that _____ is a current member of this sect.
RELIGIOUS SECT LEADER

I state and affirm that this religious sect has established tenets and/or teachings which oppose its members' acceptance of any public or private insurance benefits which make payments in the event of death, disability, old age, retirement, or makes payments towards the cost of or provides services for medical bills (including the benefits of any insurance system established by the Federal Social Security Act). Furthermore, I state and affirm that it is the practice, and has been for _____
NUMBER OF YEARS

for members of the sect or division to make provision for their dependent members which, in its judgment, is reasonable in view of their general level of living.

RELIGIOUS SECT LEADER'S SIGNATURE

TITLE

RELIGIOUS SECT LEADER'S NAME (typed/printed)

DATE (MM-DD-YYYY)

ADDRESS

PHONE NUMBER

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Information
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov



Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program