

**SECTION 304.2 APPLICATION FOR RELIGIOUS
EXCEPTION OF SPECIFIED EMPLOYEES FROM
THE PROVISIONS OF THE PENNSYLVANIA
WORKERS' COMPENSATION ACT**

SUBMIT APPLICATION TO:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

1. Name of Employer _____
2. Address _____
3. Employer is Sole Proprietor Partnership Corporation
4. Nature of Business of Employer _____
5. (a) Total number of all persons employed by this employer _____
 (b) Total number of employes for whom exception is sought _____
6. Employer's Current Workers' Compensation Coverage:
 - (a) If self-insurer, effective date of certificate _____ and Bureau code number _____
 - (b) If covered by insurance policy:

Name of insurance company _____

Name and address of insurance agent, if any _____

Policy number _____ Policy effective date _____
7. (a) Full name of religious sect including division thereof _____
- (b) Name and address of local leader of above religious sect _____
- (c) Does religious sect above provide, financial or otherwise, for injured or deceased members and families thereof? Yes No
- (d) List employe member(s), address and social security number, requesting exception under the Pennsylvania Workers' Compensation Act. **NOTE:** For each employe listed, an executed copy of the "Employe's Affidavit and Waiver of Workers' Compensation Benefits and Statement of Religious Sect" must be attached to this application.
 - (1) Name of Employee _____ S.S. # _____
 Address _____
 - (2) Name of Employee _____ S.S. # _____
 Address _____
 - (3) Name of Employee _____ S.S. # _____
 Address _____
 - (4) Name of Employee _____ S.S. # _____
 Address _____
 - (5) Name of Employee _____ S.S. # _____
 Address _____
 - (6) Name of Employee _____ S.S. # _____
 Address _____

NOTE: If additional employes, check here and attach separate list(s).

8. List employes requesting exception who have been granted a similar exception from coverage under the Federal Social Security System and attach a copy of the approved Internal Revenue Service Form 4029, if available:

(1) Name of Employee _____

(2) Name of Employee _____

(3) Name of Employee _____

(4) Name of Employee _____

(5) Name of Employee _____

(6) Name of Employee _____

This application must be signed by the employer or, if a corporation, an officer thereof as set forth below.

EMPLOYER

OFFICER AND TITLE

TELEPHONE NUMBER