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**IDAPA 17
TITLE 02
Chapter 02**

17.02.02 - SCOPE, COVERAGE, LIABILITY

000. LEGAL AUTHORITY.

These rules are adopted and promulgated by the Industrial Commission pursuant to the provisions of Sections 72-508 and 72-212, Idaho Code. (3-23-98)

001. TITLE AND SCOPE.

These rules shall be cited as IDAPA 17.02.02, "Scope, Coverage, Liability". (3-23-98)

002. WRITTEN INTERPRETATIONS.

No written interpretations of these rules exist. (3-23-98)

003. ADMINISTRATIVE APPEALS.

There is no administrative appeal from decisions of the Industrial Commission in workers' compensation matters, as the Commission is exempted from contested-case provisions of the Idaho Administrative Procedure Act. (3-23-98)

004. -- 009. (RESERVED).

010. DEFINITIONS.

The following definitions shall be used for this rule: (3-23-98)

01. Adoption. Means the legal process pursuant to state law by which a child's legal rights toward the natural parents are terminated and similar rights are substituted toward the adoptive parent(s). (3-23-98)

02. Blood. Means the relationship between persons with a common ancestor. (3-23-98)

03. First Degree Of Consanguinity. Means the relationship between parents and their children, regardless of whether the children are related by blood or affinity. For the purposes of this rule, the relationship includes the parents and children of a sole proprietor employer. For the purposes of this rule, adopted children and their adoptive parents are deemed to be within the first degree of consanguinity. (3-23-98)

04. Marriage. Means the legal union of a man and woman as husband and wife, and includes common-law marriages recognized under Idaho law. (3-23-98)

05. Stepchildren. Means the children of one (1) of the spouses only. Such children are related to the other spouse by affinity. (3-23-98)

011. RULES GOVERNING PROCEDURE FOR FILING ELECTION FOR EXEMPTION OR REVOCATION OF EXEMPTION.

01. Authority. Pursuant to Section 72-212, Idaho Code, the Industrial Commission hereby promulgates a rule, including a form designated as IC53 Declaration Under Idaho Code, Section 72-212(5) (Appendix A), to establish a procedure by which a family member employee of a sole proprietorship who is related to the sole proprietor employer within the first degree of consanguinity, and who is not residing in the household of the sole proprietor employer, may elect exemption from workers' compensation insurance coverage. It also sets forth the manner in which employees may revoke a previous exemption. (3-23-98)

02. Filing Requirements. (3-23-98)

a. Each person who elects to exempt himself/herself from coverage under Section 72-212(5) of the Idaho Workers' Compensation Law must file a written declaration of such exemption with the Industrial Commission. (3-23-98)

b. The validity of the election is subject to approval by the Commission. The Commission reserves

the right to require verification of all information submitted on the IC53 form (Appendix A). Fraud or misrepresentation in the information provided will void the election. (3-23-98)

c. In order to revoke an election for exemption, a revocation of exemption form must be filed with the Industrial Commission. (3-23-98)

d. The form for filing an election for exemption or revocation of exemption shall be an IC53 Declaration Under Idaho Code, Section 72-212(5) (Appendix A). The form shall be submitted to the Commission on eight and one half by eleven inch (8 1/2" x 11") paper in a format substantially the same as that shown in Appendix A. The form is designated as either an election for exemption or revocation of exemption by checking the appropriate declaration at the bottom of the form. (3-23-98)

e. The IC53 Declaration Under Idaho Code, Section 72-212(5) form must be signed by both the employee and the employer. An original and one (1) copy of the IC53 form shall be filed with the Commission. Upon approval by the Commission, the copy will be returned to the employee filing for an exemption or revocation of an exemption. (3-23-98)

f. If the employer is insured, it is the responsibility of the employer to file a copy of the IC53 form with the employer's insurance company. (3-23-98)

g. The effective date of the exemption or revocation of exemption shall be the date the properly completed form is received by the Commission. (3-23-98)

h. The exemption shall remain in effect until a revocation of exemption is filed with the Commission, or, termination of employment with the designated employer, or upon the death of the employee, whichever occurs first. (3-23-98)

012. -- 999. (RESERVED).

APPENDIX A

DECLARATION UNDER SECTION 72-212(5), IDAHO CODE

The validity of this election is subject to the requirements of Section 72-212(5), Idaho Code.

To be completed by employee. Please type or print. **EMPLOYEE**

Employee Name: _____

Mailing Address: _____

Street Address or Post Office Box City State Zip Code

Physical Address: _____

Street Address City State Zip Code

Telephone Number: _____ Social Security Number: _____

Relationship to Employer: _____

To be completed by employer. Please type or print. **EMPLOYER**

Name of Sole Proprietor Employer: _____

Business Name, If Any: _____

Federal Employer ID #: _____ Telephone #: _____

Physical Location of Business: _____

Street City State Zip Code

Mailing Address of Business: _____

Street or Post Office Box City State Zip Code

Home Address of Employer: _____

Street City State Zip Code

Employer Information Provided By: _____

Please type or print name

If employer has a workers' compensation insurance policy, complete the following:

Insurance Company: _____

Policy #: _____ Eff. Date: _____

CHECK ONE OF THE FOLLOWING:

I hereby excluded myself from coverage under the Idaho Workers' Compensation Law, and I understand that I am not eligible for workers' compensation insurance benefits until this declaration is revoked.

I hereby revoke the election of exemption previously filed with the Industrial Commission.

By my signature I certify that the foregoing is true and correct, to the best of my knowledge.

Signature of Employee: _____ Date: _____

Signature of Employer: _____ Date: _____

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