

State of Rhode Island, Department of Labor and Training, Division of Workers' Compensation
 P.O. Box 20190, Cranston, RI 02920-0942
 Phone (401) 462-8100 TDD (401) 462-8084 www.dlt.ri.gov

NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1

When you sign this form, you are stating that you are an independent contractor and are not entitled to workers' compensation benefits from the Hiring Entity. This form is for workers' compensation purposes only and does not mean that you are considered an Independent Contractor according to the Internal Revenue Service or the RI Division of Taxation

Name: _____ Doing Business As (if applicable): _____
 Address: _____
 City/St/Zip: _____
 Date of Birth: _____

INDEPENDENT CONTRACTOR MUST ANSWER THE FOLLOWING 4 QUESTIONS:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Do you have employees? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Do you have sub-contractors? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Do you have General Liability Insurance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you have Workers' Compensation Insurance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

I declare that I am an independent contractor pursuant to RIGL §28-29-17.1 and, therefore, I am not entitled to Workers' Compensation benefits for injuries sustained while working as an independent contractor for the hiring entity named below. **This designation will remain in effect for one year or until a withdrawal of designation as independent contractor form is filed with the Department of Labor and Training.**

Hiring Entity: _____ Federal ID # (if known): _____
 Address: _____
 City/St/Zip: _____ Telephone: _____

A hiring entity that knowingly conspires with or coerces an employee to misrepresent the employee's status as an independent contractor may be subject to criminal prosecution under RIGL §28-33-17.3.

Independent Contractor Signature: _____ Date: _____

For questions about Independent Contractors and confirmation of filings, visit the Division of Workers' Compensation website at www.dlt.ri.gov/wc. Confirmation of filings are also mailed to both the independent contractor and the hiring entity.