WCF INSURANCE

WCF Mutual Insurance Company

Agricultural Employer Family Member Coverage Request Form

Please Print or Type

Policy Information	
Employer's Name	Policyholder Number

Family members are **excluded** from coverage for workers' compensation unless they meet the eligible relationships with the insured. Here are the eligible family member relationships:

a. Spouse
b. Grandparent
c. Parent
d. Sibling
e. Child
f. Grandchild
g. Nephew / Niece
h. Spouse of the above (a through g)

Please list the immediate family members to be included as covered employees on the above policy:

Name	Relationship To Insured

Signature (must be signed by owner, partner, or corporate officer) Date

The family members listed on this form will be covered as a part of your policy contract. We at WCF appreciate your business. Please help us by completing this form and returning it to our office as soon as possible.

For your protection, Utah law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent report or billing for health care fees professional services is guilty of a crime and may be subject to fines and confinement in the state prison."