

Consent Form for New Farm Employees
To No Coverage under Nebraska
Workers Compensation Act

Name of Employer: _____

Address: _____

LB-210 became operative on August 31, 2003 and this law requires all employers engaged in agriculture operations that are exempt from requirements of the Nebraska Workers' Compensation Act and who hire new employees that they notify all the people that they are NOT covered by workers compensation insurance if such coverage is not voluntarily provided by the employer. The Statute requires the notice to state the following:

IN THIS EMPLOYMENT YOU WILL NOT BE COVERED BY THE NEBRASKA WORKERS' COMPENSATION ACT AND YOU WILL NOT BE COMPENSATED UNDER THE ACT IF YOU ARE INJURED ON THE JOB OR SUFFER AN OCCUPATIONAL DISEASE. YOU SHOULD PLAN ACCORDINGLY. FAILURE TO PROVIDE THE NOTICE REQUIRED BY THIS SUBSECTION SUBJECTS AN EMPLOYER TO LIABILITY UNDER AND INCLUSION IN THE ACT FOR ALL UNRELATED (TO THE EMPLOYER) EMPLOYEES ON THE BASIS OF FAILURE TO GIVE SUCH NOTICE.

I acknowledge that I have read the above notice and understand that my employment does not include workers' compensation insurance coverage

Employee Signature

Witness

Date