106 KAR 1:250. Workers' Compensation Enrollment Form.

RELATES TO: KRS 39C.110(4), 39F.170(6)
STATUTORY AUTHORITY: KRS 39A.050(2)(m), 39A.070(3)
CERTIFICATION STATEMENT:
NECESSITY, FUNCTION, AND CONFORMITY: KRS 39C.110(4) and 39F.170(6) require workers' compensation coverage for local personnel. This administrative regulation establishes the procedure to be followed by local personnel to enroll for workers' compensation coverage paid by the division.

Section 1. Definition. "Local personnel" means the personnel specified in KRS 39C.110 and 39F.170.

Section 2. Enrollment Procedure. To enroll for workers' compensation coverage, local personnel shall submit a completed KyEM Form 50 to an area manager.

Section 3. Incorporation by Reference.

(1) "Workers' Compensation Enrollment Form, September 2000" is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Office of the Director, Division of Emergency Management, State Emergency Operations Center, 100 Minuteman Parkway, Boone National Guard Center, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

(27 Ky.R. 1987; Am. 3079; eff. 5-14-2001; Expired 3-1-2020, KRS 13A.3102(2)/HB 4 2019.)