

NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO R.I.G.L. §28-29-17.1

PLEASE READ OTHER SIDE

WARNING

No one can force you to sign this form. When you sign this form you are stating that you are an independent contractor and in the event of injury, are not entitled to workers' compensation benefits.

*(Name) _____ Soc. Sec. No. _____
* Business Name _____ FEIN _____
* Address _____ Business License No. _____
_____ Date of Birth _____

I declare that I am an independent contractor pursuant to R.I.G.L. §28-29-17.1 and, therefore, I am not eligible for nor entitled to Workers' Compensation benefits pursuant to Title 28, Chapters 29-38, of the Workers' Compensation Act of the State of Rhode Island for injuries sustained while working as an independent contractor for the hiring entity named below. This designation will remain in effect while performing services for the named hiring entity or until a withdrawal of designation as independent contractor form is filed with the Department of Labor and Training.

* Hiring Entity Name _____ Soc. Sec. No. _____
* Address _____ FEIN _____
_____ Bus. License _____

Warning! This form is for purposes of Workers' Compensation only and completion of this form does not mean that you are an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the R. I. Division of Taxation. Information on this form will be shared within the Department of Labor and Training, the R. I. Division of Taxation and the Internal Revenue Service.

Independent Contractor: _____
Signature Date

A hiring entity that knowingly assists, aids and abets, solicits, conspires with or coerces an employee to misrepresent the employee's status as an independent contractor may be subject to criminal prosecution under Rhode Island General Law §28-33-17.3.

*** This information is available to the public including the Hiring Entity's Workers' Compensation Insurance Carrier.**

FORM IS NOT VALID UNTIL RECEIVED AND DATE STAMPED BY THIS DEPARTMENT.

For a dated receipt copy, include a copy with the original sent to the Department of Labor and Training with a SELF-ADDRESSED STAMPED ENVELOPE. The original and copy will be date stamped. The original will be retained for our files. The stamped copy will be returned in the envelope provided.

DWC-11-IC Reverse Side

This is a form DWC11-IC, Designation of Independent Contractor. This means that you have stated that you are an independent contractor NOT an employee and are NOT eligible for Workers' Compensation benefits.

Many factors are considered when determining whether someone is an employee or an independent contractor. Some of those factors are: independent contractors set their own work hours, have their own tools and work when and for whom they choose.

An employer generally does not have to withhold or pay any taxes on payment to independent contractors, such as social security, Medicare, unemployment and Temporary Disability Insurance (TDI).

This form is for purposes of Workers' Compensation, and completion of this form does not mean that you are considered an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the R.I. Division of Taxation.

SHOULD YOU HAVE ANY QUESTIONS ABOUT WHETHER YOU ARE AN INDEPENDENT CONTRACTOR OR AN EMPLOYEE, PLEASE CONTACT THE R.I. DIVISION OF TAXATION AT (401) 222-3682, OR THE US GOVERNMENT INTERNAL REVENUE SERVICE AT 800-829-1040.

IF YOU FEEL YOU HAVE BEEN COERCED OR FORCED TO SIGN THE INDEPENDENT CONTRACTOR FORM, REPORT THIS TO THE WORKERS' COMPENSATION FRAUD PREVENTION UNIT AT (401) 462-8110.

When your work as an independent contractor ends with this employer, complete and return the form titled Notice of Withdrawal of Designation as Independent Contractor, DWC-11-ICR, to the Department of Labor & Training, Workers' Compensation Unit.

If you have a question, contact the Workers' Compensation Unit at (401) 462-8081. For further information, contact the Workers' Compensation Information Line at (401) 462-8125.