

2024 MASONIC GRANT ELIGIBILITY REQUIREMENTS

READ ALL documentation BEFORE filling out this application. All applications must be completed correctly and include the required documentation listed below to be eligible for funding. Incomplete applications and/or applications without proper documentation will be rejected.

Funding: Funds are provided by the Masonic Charities Foundation Grant and distributed through SODA, AAA for direct services to the elderly. It is the policy of SODA to serve all individuals who are eligible for its programs without regard to race, national origin, ancestry, color, religion, sex, age, or disability.

Age Restrictions: Applicants must be **55 years old or older** at the time of application.

Residence Requirements: The applicant must reside in SODA's ten-county service area which includes: **Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, and Pontotoc counties.** **Only one application per household may be submitted.**

Need Requirements: Masonic Grant funds are allocated based on **need**. Applicants must be able to demonstrate that their request is based on **NEED**. This grant is not intended to fund projects that the applicant can or should be able to afford based on their income/expense ratio, cash on hand/savings in the bank, stocks, bonds, etc. Grants are intended to fund projects for basic needs of applicants who could not otherwise afford to pay for the item/service they are requesting.

Previous Recipient Restrictions: Masonic Grant funds are primarily intended for one-time use; however, previous applicants may apply under the following conditions and with the understanding that new applicants will be given priority. Any applicant who received a Masonic Grant in 2022 or 2023 is ineligible to apply for a 2024 Masonic Grant. Applicants who received a Masonic Grant in 2021 or earlier may re-apply again in 2024 with the understanding that preference will be given to new applicants.

Fairness and Accessibility: Complete applications submitted with the proper documentation will be processed on a first-come-first-served basis while complying with these fairness and accessibility rules.

Information Available: SODA will make the Masonic Grant Application available online at www.soda-ok.org and at community focal points within the provider service area (counties listed above). All citizens will be granted equal access to the application.

APPROVAL PROCESS

Applications will be reviewed upon receipt to ensure eligibility requirements are met.

Once approved or denied, the applicant will be notified in writing with notice sent to the address listed on the application. **If approved, a notification letter will be provided to the vendor from whom the applicant received an eligible quote.**

Please do not call the SODA office regarding your application's status for a minimum of 30 days after submitting your application. We are processing applications, and this process can be lengthy. We will send applicants a notification when the process has been completed.

SUBMITTAL OF APPLICATIONS, ESTIMATES, W-9 FORMS, WORKER'S COMPENSATION DOCUMENTATION, AND REQUESTS FOR PAYMENT

Masonic Grant applications with accompanying documentation may be submitted as follows:

Preferred: Email: tkaleiohi@soda-ok.org or jangel@soda-ok.org with **Masonic Grant** in the subject line. This is the quickest and most reliable method for documenting when an application has been received. If you do not have access to email, many community organizations such as senior centers, city halls, libraries, and churches offer computer and/or email access or may email the completed forms for you.

Applicants may also mail their documents to:

SODA
Attn: Teri Kaleiohi
PO Box 709
Durant, OK 74702

Applications may be hand-delivered to SODA at 2074 N 1st Ave, Durant, OK. **Faxed documents of any kind will NOT be accepted.**

For additional questions regarding the Masonic Grant Assistance Program for Seniors, contact:

Teri Kaleiohi	Email: tkaleiohi@soda-ok.org
Wilnet Martinez	Email: wmartinez@soda-ok.org

Phone: (580) 920-1388
Toll-free: (800) 211-2116

REQUIRED DOCUMENTS

Applicants must submit:

1. Masonic Grant Application completed correctly.
2. Vendor Estimate from an approved Vendor performing the work.
3. Required documents (W-9, Worker's Compensation & ACH Direct deposit form)

Note: SODA has no preference regarding who an applicant uses for a vendor, but **vendors must be on the SODA Approved Vendor List**. If a vendor is not on the Approved Vendor list, they may apply by providing SODA with the following: (1) W-9 form, (2) Proof of Worker's Compensation for its employees, **and** (3) ACH Direct deposit form. These forms must be submitted with your Masonic Grant application. If your vendor is not on the Approved Vendor list or you do not submit these documents with your application, it will NOT be processed. Service providers can contact Teri Kaleiohi, (580) 920-1388 for more information.

VENDORS/PROVIDERS MUST HAVE A W-9 FORM, PROOF OF WORKER'S COMPENSATION FORM FOR THEIR EMPLOYEES AND ACH DIRECT DEPOSIT ON FILE AT SODA TO BE PLACED ON THE APPROVED VENDOR LIST.

Selection of a vendor is the applicant's responsibility. Any satisfaction disputes regarding services or products purchased are between the applicant and the provider/vendor. SODA assumes no interest or liability. SODA's role is solely to determine eligibility and manage the grant funds.

ELIGIBLE PROJECTS

Each category of projects has a maximum award. In some cases, the award may not be enough to cover the entire cost of the item/service requested. In such instances, the applicant is responsible for the balance and must make arrangements for paying the balance in the manner prescribed by the vendor **before** being awarded a Masonic Grant.

Applicants are eligible to request funding for the minimum cost to meet the NEED. For example, there is a range of prices for most appliances; funds must be requested to meet the minimum need/purchase price for such item/service.

Please note that the higher the estimate, the more the estimate will be scrutinized. If the vendor's quote is higher than the allowable grant funding for that service/item, the applicant may pay the difference or find another vendor with a less costly estimate. An applicant may not upgrade to a higher priced item where a lower priced item is available, e.g. upgrade to one with more features or that is larger, etc. unless based on demonstrated need with specific written permission provided by SODA.

Written permission will be required to purchase any item beyond a normal or customary price. This program is not for wants but funds may be granted if the applicant can adequately describe why they NEED a different item than what is available at a lower price. Any applicant or vendor determined to violate these instructions may lose their eligibility to participate in the program for the rest of 2024 through 2027.

The following information is provided to assist applicants in identifying what is available.

Hearing Aids: Maximum grant is \$1500.

Dental work including Dentures: Maximum grant is \$2000 (other programs may be available, please call for more information).

Durable Medical Equipment: Maximum grant is \$1000. This category includes the following items unless Medicare or Private Insurance can provide the same or equivalent equipment to the applicant:

- Lift chair
- Wheelchair
- Diabetic mattress or Hospital bed
- Shower chairs, etc. (call if you have questions **before** you apply)

ADA Porch Ramp: Maximum is \$2000. Wheelchair accessible ramps must be constructed to meet ADA standards. You must own your own home. Allowed only to use approved ramp vendor(s).

Air conditioner/Heater/Hot Water Tank: Maximum is \$500. Portable or window mounted A/C units and portable heaters will be considered. case-by-case situation. Ownership of the home with documents is required for a hot water tank. Vendor estimates must include delivery, installation, and hauling away costs to remove appliances to be replaced.

Kitchen or Laundry Appliance: Maximum is \$800. Applicants for appliances must ensure sufficient space is available for the appliance without requiring alterations to existing structures (cabinets, walls, doors, switches, utility outlets, drains, etc.). Only new appliances are eligible for purchase. Vendor estimates must include the appliance, delivery, installation, and hauling costs to remove appliances to be replaced. An appliance includes items such as (note, some restrictions apply):

- Refrigerator/freezer
- Stove/Oven
- Washer
- Dryer

Utility Assistance: Maximum is \$250. Cable or satellite services, subscriptions, phone etc. are not eligible. **Must provide cut off notice. The utility bill must be in the applicant's name.** Utilities include:

- Electricity
- Natural Gas
- Propane
- Water

Eyeglasses and/or eye exam: Maximum is \$250. (Other programs may be available, please call for more information).

Medical procedures: Maximum is \$1000. (Other programs may be available, please call for more information).

2024 MASONIC GRANT APPLICATION ASSISTANCE GUIDE

The following contains specific instructions on how to complete the 2024 Masonic Grant application.

NAME: Print your full name as it appears on legal documents such as your driver's license, will, etc.

TELEPHONE: Phone number WITH AREA CODE where the applicant or alternate can be reached.

ADDRESS: The applicant's actual, complete, physical address must be listed as well as PO box numbers. The physical address will be required for any deliveries.

DATE OF BIRTH: The applicant must be at least **55 years** old at the time of application. This information verifies eligibility.

AGE: Easily double-verified age requirement is met.

HOUSEHOLD INCOME: Each section must be completed to ensure the applicant needs assistance with basic needs; each question must be answered.

HOUSEHOLD EXPENSES: Each section must be completed. *(For example, if you are paying rent or a house payment, the amount must be listed. If you are not paying rent or making a house payment or you don't own a car, you should enter a zero for these sections.) Expenses cannot exceed your income so take time to ensure accuracy.*

IDENTIFY ALTERNATE CONTACT AND INCLUDE THEIR TELEPHONE NUMBER WITH AREA CODE:

Please ensure your alternate contact person knows they are listed so they know they may be contacted.

ASSISTANCE REQUESTED: Read through these instructions to help identify what assistance you need the most. You can only apply for **ONE** type of assistance. You must describe what type of assistance you are requesting (i.e. dental work, hearing aids, glasses, ramp, kitchen appliance, etc.) You must also briefly tell why you need the assistance. Just because you want something does not necessarily qualify it as a need. Remember, the purpose of this grant is to help those who are in NEED. For instance, if you are requesting a new refrigerator because your current one is getting old or doesn't match your other appliances, this request will not qualify as a need. If the appliance is no longer working, and it is not feasible to pay to repair it, the request would qualify as a need.

SIGNATURE AND DATE: Read the paragraph above the signature line before signing this document. Your signature attests that all the information you put down on the application is true and accurate under penalty of perjury for false statements.

IMPORTANT: You **must** attach an estimate from an **approved vendor** to your application or your application will **NOT** be processed. If your vendor is not on the Approved Vendor List, and they would like to apply, you must attach a copy of their W-9, their Proof of Worker's Comp Insurance and ACH Direct deposit form to the application with a request for approval. Note: The Approved Vendor List is on the SODA.ORG website.

NOTE: Do **not** submit the above instructions or preprinted portion of this application, please only submit the following: 1.) the **completed application page**, and 2.) the **vendor's estimate**. If you need further explanation regarding this information, you may call Teri Kaleiohi at 580-920-1388 or email tkaleiohi@soda-ok.org.

2024 MASONIC GRANT ASSISTANCE PROGRAM FOR SENIORS - SODA Area Agency on Aging

2024 Applications will be accepted from January 1, 2024, through November 30th, 2024, **OR** until funds are exhausted, subject to the conditions identified in the above instructions. Applicants must be age 55 or above and demonstrate a need for assistance. **READ THE INSTRUCTIONS!** Incomplete applications and or those without an Estimate from an approved vendor will not be processed.

Name (print legibly): _____		Telephone: (____)____ - _____	
Address: _____ Street City Zip County			
Date of Birth: ____/____/____ Age: ____ (55+)		Race : _____	
Total Average Monthly Household Income: Social Security: \$ _____ Pension: \$ _____ SNAP (Food stamps): \$ _____ Other (Identify): \$ _____ _____		Total Average Monthly Household Expenses: Rent or Mortgage (circle one): \$ _____ Home Insurance: \$ _____ Electric: \$ _____ Gas: Natural or Propane: \$ _____ Water: \$ _____ Garbage/Sewer: \$ _____ Vehicle Payment: \$ _____ Vehicle Insurance: \$ _____ Est. Vehicle Fuel: \$ _____ Phone: \$ _____ Est. Groceries and household needs: \$ _____ Other ins: Life, supplement, burial Medications: \$ _____ Medical Bills: \$ _____ Other (Identify): \$ _____	
How many people live in your residence? _____			
Have you or a family member ever been a member of the Masons or Eastern Star? _____			
If so, who? _____			
Is anyone in your household a veteran? _____			
If so, who? _____			
Do you have ADvantage through the state of Oklahoma (NOT Medicare)? _____			
Identify Alternate Contact Name: _____ R			

COMPLETE BOTH PAGES OF THE APPLICATION – see next page for signature.



Assistance Requested

This section must include the type of assistance being requested and why it is needed.

[illegible]

I authorize SODA to release information concerning this application and assistance received to appropriate agencies, as well as to the Masonic Charity Foundation of Oklahoma for recordkeeping purposes. I recognize that this program is based on need, and I certify and attest that all the information above is true and accurate under penalty of perjury for false statements.

Signature

Date _____

Please submit completed Applications with an Estimate from an Approved Vendor to:

Teri Kaleiohi tkaleiohi@soda-ok.org

For more information, call 580-920-1388.

The approved vendor list is available on the SODA Website at: www.soda-org

Address: SODA, PO Box 709, Durant, OK 74702

SODA

**SOUTHERN OKLAHOMA
DEVELOPMENT ASSOCIATION**

P.O. BOX 709, DURANT, OK 74702-0709
PHONE: 580-920-1388 | FAX: 580-920-1391
WWW.SODA-OK.ORG

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(ACH CREDITS)**

COMPANY

COMPANY ID NUMBER

I (WE) hereby authorize Southern Oklahoma Development Association, herein after called COMPANY, to initiate credit entries and/or correction entries to my _____ Checking _____ Saving account (Select One) indicated below at the depository named below, herein after called Depository, to credit the same to each account.

Depository Name (Bank Name)

Branch

City

State

Bank Transit/ABA Number

Account Number

This Authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Depository reasonable opportunity to act upon it.

Bank Account Name

Tax ID Number/SSN

Signature

Date

Signature

Date

Category	Vendor Name	County	Address	City	State	Zip	Phone
APPLIANCE	Lowes	All	720 University Pl	Durant	Oklahoma	74701	580-634-0500
DENTIST	Affordable Dentures & Implants	Grayson	2415 S Austin Ave	Denison	Texas	75020	903-327-8540
	Blue River Smiles PLLC	Johnston	1202 E. Main St	Tishomingo	Oklahoma	73460	580-371-2396
	Caring Hands Healthcare	McAlester	3101 Elks Rd	McAlester	Oklahoma	74501	918-426-2442
	Central Oklahoma Family Medical Center	Seminole	527 West Third St	Konawa	Oklahoma	74849	580-925-3286
	Good Sheperd Dental Clinic	Carter	20 12th Ave NW	Ardmore	Oklahoma	73401	580-223-2006
	Family Health Center of Southern Oklahoma (FHCSO)	Johnston	610 East 24th St	Tishomingo	Oklahoma	73460	580-371-2343
	French Dental	Pontotoc	16024 CR 1562 St	Ada	Oklahoma	74820	580-332-0825
	NSO Dental Clinic	OKC	431 SW 11th St	OKC	Oklahoma	73109	405-236-0413
	OMS of Southern Oklahoma PLLC	Carter	1123 Walnut Drive	Ardmore	Oklahoma	73401	580-226-1727
	Prague Dental Clinic	Lincoln	867 N Jim Thorpe Blvd	Prague	Oklahoma	74864	405-567-4975
	Sulphur Dentistry & Braces	Murray	2611 W Broadway Ave	Sulphur	Oklahoma	73086	580-622-6655
DME	Advanced Care Medical Equipment	All Counties	1026 Radio Rd	Durant	Oklahoma	74701	580-924-2626
	Reavis Drug	Garvin	110 Burr Ave	Pauls Vally	Oklahoma	73075	405-238-2755
	Tarik Boufkiri (Ramp)		P.O. Box 720915	OKC	Oklahoma	73172	405-669-6219
HEARING AIDS	Better Hearing Associates	Bryan	2828 University Blvd, Suite 114	Durant	Oklahoma	74701	580-771-4576
	Ardmore Hearing Aid Service	Carter	903 Grand Ave	Ardmore	Oklahoma	73401	580-223-7771
MEDICAL - (Cataract)	Corning Eye Center	Pontotoc	1425 Arlington St	Ada	Oklahoma	74820	580-332-1880
	Sherry Eye Clinic	Carter	2408 N Commerce St	Ardmore	Oklahoma	73401	580-226-3100
PLUMBING	County Building Center	All Counties	301 East Main St	Madill	Oklahoma	73446	580-319-5329
	Wilkey Plumbing	Bryan	2873 N 49th St	Durant	Oklahoma	74701	580-634-2900
UTILITIES	Atoka County Propane	Atoka	134 S Main St	Atoka	Oklahoma	74525	580-889-7634
	Blackburn Propane Service, Inc	Calera	7694 Hwy 69/75	Calera	Oklahoma	74730	580-434-5480
	Box Propane	Atoka	PO Box 1794	Ada	Oklahoma	74820	580-665-0270
	Bryan County Rural Water District #5	Calera	22404 State Road 78 S	Durant	Oklahoma	74701	580-924-8235
	Center Point Energy/Summit Utility		4386 Okd 69 Rd	Kiowa	Oklahoma	74553	888-891-8062

	City of Durant	Bryan	PO Box 578	Durant	Oklahoma	74701	580-931-6630
	Lone Grove Water Sewer Trust Authorities	Carter	PO Box 289	Lone Grove	Oklahoma	73443	580-657-3113
	McCraw Oil & Propane	Durant	2715 N 1st Ave	Durant	Oklahoma	74701	580-924-0430
	MSM Propane Inc. dba Eaves Propane	Atoka	PO Box 456	Atoka	Oklahoma	74525	580-889-7634
	OG&E	All	PO Box 321	OKC	Oklahoma	73101	800-932-2983
	Oklahoma Natural Gas	All	PO Box 219296	Kansas City	MO	64121	888-220-0012
	Peoples Electric Cooperative		PO Box 429	Ada	Oklahoma	74820	888-216-3523
	Enderby Gas, Inc. dba Red River Propane		311 US-77 A	Marietta	Oklahoma	73448	580-276-8328
	Summit Utilities	All	10825 E Geddes Ave, Suite 410	Centennial	Colorado	80112	
VISION	Ardmore Premier Eye Care	Carter	1201 Kiowa St, Suite A	Ardmore	Oklahoma	73401	580-223-8585
	Clay-Rhynes Eye Clinic	Bryan	1901 W University Blvd, Suite B	Durant	Oklahoma	74702	580-920-2020
	RGB Cataract & Lasik	Bryan	1625 N Hwy 75 N	Sherman	Texas	75090	903-892-2385
	Southern Oklahoma Eye Center	Murray	1010 W 3rd St	Sulphur	Oklahoma	73086	580-622-2020
	Tabor Eye Clinic	Murray	119 W Main St	Davis	Oklahoma	73030	580-369-3937
	Anesthesia Management Solutions of Oklahoma PLLC	Bryan	PO Box 3605	Springfield	Illinois	62708	
	Corning Eye Center, PLLC	Pontotoc	1425 Arlington St	Ada	Oklahoma	74820	580-332-1880
	APEX Surgery Center	Pontotoc	2001 Craddock Rd	Ada	Oklahoma	74820	580-279-0077

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
				-				-				
or												
Employer identification number												
					-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

AFFIDAVIT OF EXEMPT STATUS UNDER THE WORKERS' COMPENSATION ACT

State of Oklahoma)
)
County of _____)

I, _____ state under oath as follows:

1. I, _____ (Name of individual) operating as _____ (independent contractor's business name), have agreed to provide services to _____ (Contractor) during calendar year _____.
2. I have read, signed and attached the Exempt Status Fact Sheet and understand that an Independent Contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.
3. I understand that based upon the representations in this Affidavit of Exempt Status, I am requesting **CompSource Oklahoma's Policyholder** to consider my business to be that of an independent contractor; that I am not an employee under the Workers' Compensation Act and the policy issued by **CompSource Oklahoma**; and that no premium be charged for the services performed by my business during the policy year.
4. **I am an independent contractor, not an employee of the contractor. I do not want workers' compensation insurance and understand that I am not eligible for Workers' Compensation benefits.**
5. I will obtain workers' compensation and employers' liability insurance for my employees if I have employees, unless they are otherwise exempt from the requirements of the Workers' Compensation Act.
6. I have read, signed and attached the Exempt Status Fact Sheet describing what is an Independent Contractor and the information provided is not the result of force, threats, coercion, compulsion or duress.
7. I understand that the execution of the affidavit shall establish a rebuttable presumption that the executor is not an employee for purposes of the Workers' Compensation Act.
8. I understand that the execution of an affidavit shall not affect the rights or coverage of any employee of the individual executing the affidavit.
9. I understand that knowingly providing false information on an Affidavit of Exempt Status Under the Workers' Compensation Act shall constitute a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00).

Independent Contractor (Executor) Signature

Date _____ Name _____ Title _____

Signature _____ Business Name _____

Notary Public

Signed and sworn to before me on this ____ day of _____, 20__ by _____.

_____, My Commission Expires: _____ My Commission # _____

Notary Public

******GIVE THE SIGNED FORM TO YOUR GENERAL CONTRACTOR******

This form is to be signed and notarized at the start of a job/project for this contractor and is good for the job/project or any similar job/project performed for the contractor for one year from the date of notary.

For domestic servants, trucking owner/operators, and other exemptions, please contact CompSource Oklahoma at 405-232-7663 ext. 5102.

Note: Employers who knowingly and willfully require an employee or subcontractor to execute an affidavit when the employer knows that the employee or subcontractor is required to be covered under a workers' compensation insurance policy shall be liable for a civil penalty of up to \$1,000.00 per offense. (36 OS §§924.5)

It is a crime to falsify the information on this form.

EXEMPT STATUS FACT SHEET

An independent contractor is defined by law as one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.

Below are statements to help you decide if you are an independent contractor. No one statement is controlling, and your status is based on all the facts in your situation. If a statement describes your situation, then check the box. If at least six of the statements below do not describe your business, you should not sign the attached Affidavit of Exempt Status Under the Workers' Compensation Act.

- ☐ 1. The nature of the contract between you and the contractor shows you are independent from the contractor. For example: Is there a written contract where you agree that you are an independent contractor? Are you a corporation or limited liability company? Do you maintain commercial general liability insurance or other business insurance?
- ☐ 2. The contractor exercises very little control over your work. For example: By the agreement, can the contractor exercise control on the details of the work or your independence? Do you exercise control over most of the details of the work? Do you create plans or specifications for the job? Do you set your own work hours?
- ☐ 3. You are engaged in a distinct occupation or business for others. For example: Do you work for companies or individuals other than the Contractor? Do you work for competitors of the Contractor? Does your business have a logo or uniform?
- ☐ 4. Your job is the kind of occupation where the work is usually performed by a specialist without supervision, and not under the direction of the contractor. For example: Is your work supervised by the Contractor?
- ☐ 5. Your occupation requires special skills, license, education or training.
- ☐ 6. The contractor does not supply the things needed to perform your job such as the tools and the place of work. For example: Do you supply any of the materials or tools for the work? Do you operate a vehicle owned by the contractor? Was the work performed at your business or the contractor's business location or jobsite? Do you wear a uniform supplied by the contractor?
- ☐ 7. The length of the job and how long you have worked for the Contractor does not show that you are really an employee. For example: Is this a one-time job, or will you be doing this for the contractor regularly?
- ☐ 8. You are paid as a separate contractor, not as an employee. For example: Do you invoice the Contractor for your services? Are you paid by the job? Do you file a federal income tax return for your business? Do you expect to receive an IRS Form 1099 from the Contractor? Does the Contractor pay your expenses?
- ☐ 9. Your work is not the regular business of the employer. For example: Is your work customarily done in the Contractor's line of business or as part of the Contractor's daily work? Have you ever been an employee of the Contractor? Do you work with other people hired by the Contractor on the work you perform?
- ☐ 10. You do not consider yourself an employee of the contractor. For example: Will the Contractor withhold taxes or monies from your payment? Have you ever been an employee of the Contractor? Have you or your employees ever filed an insurance claim against the Contractor?
- ☐ 11. You do not have the right to terminate the relationship without liability. For example: If you quit before the job is finished, is there a penalty?

Based upon these factors, do you believe that you are an independent contractor with exempt status?

Signature _____	_____ (INDEPENDENT CONTRACTOR/EXECUTOR)
(Write YES or NO)	

Note: Employers who knowingly and willfully require an employee or subcontractor to execute an affidavit when the employer knows that the employee or subcontractor is required to be covered under a workers' compensation insurance policy shall be liable for a civil penalty of up to \$1,000.00 per offense. (36 OS §§924.5)

It is a crime to falsify the information on this form.