Section Name		Field and/or Section Description
	New York Revocation of an	Use this form when any executive officer of an incorporated religious, charitable,
	Incorporated Religious, Charitable,	educational or U.S. war veterans organization elects to revoke previous election to be
		included under workers compensation insurance coverage.
	Organization to Bring Executive	
	Officers under the Coverage of the	This form must be sent to the Chair, New York Workers Compensation Board. A copy
TITLE		must be retained by the workers compensation insurance carrier. Copies should also be
ACORD 174 NY (7/96)	Law	sent to each executive officer named in the form.