

TO ALL THOSE WHO DO NOT WISH TO BE VACCINATED  
BUT ARE BEING COERCED BY THEIR EMPLOYER TO DO SO  
AS A PRE-CONDITION FOR EMPLOYMENT.

This document is prepared for all those employees who have been told by their employers that they are required to have the vaccine to return to work. If you wish to assert your rights, we recommend that you copy and paste the following letter to your employer by registered mail, return receipt requested. Address it to the head of the Human Resource Department with a copy to the President of your company requesting that an authorized officer of your company sign the attached declaration before you accept to take the vaccine.

We are almost 100% certain that there will not be a single employer who will sign this document. This exercise however is to bring everything into the light and hopefully get your employer to come to their senses when they realize that they are opening themselves to serious risks, financial and otherwise. This letter however will be crucial in helping you lay the groundwork for a potential future lawsuit for damages if you are fired, you die after taking the vaccine or you suffer personal harm or injury as a result of complying with your employer's mandate.

There will soon be hundreds of lawyers looking to take on cases on a contingency basis that are well documented. You may also be able to start or join an existing class action lawsuit on the basis of actual damage you may have suffered. Your correspondence with your employer may help you also establish your rights if you decide later to start a class action law suit against your employer for and on behalf of all those who lost their jobs because they refused to be coerced to take the vaccine.

This letter is based on the assumption that you have been gainfully employed by your employer, you are not a recent employee, you are in good health, you have done a good job for your employer so far and they would otherwise have no reason to lay you off if you are not vaccinated, you do not wish to take the injection for reasons that are personal (it is your constitutional right), and you feel coerced to take the injection if you want to hold on to your job. This coercion by your employer is a grave violation of your constitutional rights and may subject them to severe penalties and damages. Should you lose your job you may suffer irreparable harm for which monetary damage alone may not be adequate. Keep this in mind.

What is important for you to do now is to assert your rights by demanding that the company puts what liability they are willing to assume if you suffer harm or injury from the vaccine. It takes a single matchstick to set a forest on fire. Who knows that your case may single handedly light a fire (obviously not in the literal sense) under every company executive who lends his support to such coercive methods?

There are national groups coordinating efforts to financially help people who lost their jobs because they refused to give-in to abusive and coercive practices. Stay tuned for future announcements. You are not alone.

**Cut and paste ONLY the following letter and drop it in your own personal letter addressed to your employer. Please do not send them this page.**

YOUR NAME  
YOUR RESIDENTIAL ADDRESS  
YOUR CONTACT INFORMATION.

**MEMORANDUM**

(Sent by Registered Mail, Return Receipt Requested)

Date: \_\_\_\_\_, 2021

From: [Your Name]  
[Title in the Company]

To: [Name of the Company You work for]  
The head of the Human Resource Department

Reference: **Mandatory Vaccination for all Employees Required by [Name the Company]**

I understand that a proof of vaccination is mandatory if I am to return to work at \_\_\_\_\_ [location]. I have been in your employ since \_\_\_\_\_ in the capacity of \_\_\_\_\_ in the \_\_\_\_\_ department.

There is clearly a need for employers to take every measure necessary to protect employees from harm or injury, but the measure you propose, even if they may be politically correct, are coercive, and ill-advised, especially when considering that:

1. No one anywhere in the world has been able to produce a single isolated and purified COVID-19 virus for testing. If the very existence of the virus cannot be proven, it puts into serious question all the ancillary measures and decisions related to the alleged pandemic and the reason for the mRNA vaccine.

2. The vaccine is experimental and is only administered pursuant to an emergency use authorization issued by the FDA. The vaccine has not been subject to traditional peer-reviewed clinical trials and is thus highly questionable still.

3. There is complete secrecy surrounding what is actually in the vaccine. If all food products must list the ingredients it contains, why not these vaccine manufacturers. We have a right to informed consent and to full disclosure. Anything short of that raises serious questions.

4. Vaccine manufacturers have broadly defined global immunity from prosecution. Why? This raises a lot of issues and concerns about who is responsible if substantial injury results.

5. It has now been officially determined by the CDC that those who have been vaccinated are just as likely to infect others. Therefore, the practice of favoring one group over

the other is discriminatory. When considering that death may result from this vaccine, it is a very serious issue for every family, not just in my case.

Generally, I have no issue with traditional viral based, FDA-approved vaccines but I do have issues with taking an experimental vaccine which is only authorized under Emergency Authorization Use, that is untested, unproven, and which has not undergone normal clinical trials.

Except for possible non-compliance with your mandatory injection policy, the company has no justifiable reason or basis to terminate my employment if I decide not to be vaccinated.

I assume the company did not make this decision lightly and that it has consulted its lawyers, health professionals and insurers before instituting such company-wide measures.

Based on the personal research I have done, I have concluded that taking the vaccine involves serious personal risks I am not prepared to take unless some of those risks that I am being asked to unjustly assume are addressed by the company. These are listed in Exhibit A attached hereto.

To help me decide whether to be vaccinated or not, would you be kind enough to confirm the following by having a senior authorized officer of the company place his initial of each section below, in the appropriate section, and to then sign and return to me a duly executed acknowledgement of agreement by mail to the above-mentioned address.

I light of your answers to the issues I raised, I will then inform the company of my final decision to be vaccinated or not to be.

Thank you for your prompt consideration.

X \_\_\_\_\_

c.c. Company President  
Chairman of the Board.

**EXHIBIT A**

**ATTESTATION BY A SENIOR OFFICER OF THE COMPANY:**

This attestation is made in favor of, and for the exclusive benefit of:

\_\_\_\_\_ [Name of Employee]  
\_\_\_\_\_ [Description of Position of Employee]

We, [Name of Company & Address]: \_\_\_\_\_ hereby confirm having received and read your above-mentioned letter dated \_\_\_\_\_.

Check one (A) or (B) below:

(A) \_\_\_\_ We hereby inform you that, in your specific case, we have decided to waive the vaccination requirement as a pre-condition for your continued employment with the company. You are unconditionally free to return to work without being vaccinated.

(B) \_\_\_\_ We hereby inform you that we have decided to maintain our decision to mandate company-wide vaccination as a pre-condition for employment with the company. In light of this decision, we have provided you below with a further attestation for each of the issues you have brought to our attention.

Should you decide to take the vaccine, we hereby confirm and attest as follow for each of the below-mentioned points:

1. We have consulted with our group health insurance provider and hereby confirm and attest that should you have any adverse effect or injury of any kind pursuant to you taking the vaccine, the insurance company has confirmed in writing to us that: (a) all your expenses related to an injury or side effect which is determined by a licensed medical practitioner to be COVID-19 vaccine related will be covered at 100% by the insurer and future claims related to the same issue cannot be denied; (b) such adverse injury or side effect will never be used against you to justify denying future insurance claims on the grounds that a COVID-19 injury or side effect of any kind or nature constituted a pre-existing condition.

Consented by the Company: \_\_\_\_\_; Not Consented by the Company: \_\_\_\_\_.

2. Should you, at any time in the future, even if you are no longer in the employ of our company, have a medical expense which is denied for coverage at 100% by your then current health insurer and which is certified and attested by a licensed medical professional to have been directly related to the harm or injury you suffered as a result of our mandated vaccination policy, you will be entitled to file a claim against our company for such expenses and we will pay 100% of it immediately on first written demand. Should we fail to pay for any reason whatsoever, including for reasons or insolvency, we hereby confirm and attest that you will be entitled to file a claim against our corporate liability insurance which we agree to maintain in full force and effect for a period of at

least five years so that a denial of claim cannot occur during that period. Please find attached a copy of our liability insurance policy.

Consented by the Company: \_\_\_\_\_; Not Consented by the Company: \_\_\_\_\_.

3. If it is scientifically proven at a future date that those who have been vaccinated are just as likely or more likely to infect others as those who have not been, monetary compensation will be paid to you for the risk you have been asked to assume without adequate scientific facts. Such amount will be equal to at least three months of your gross current salary.

Consented by the Company: \_\_\_\_\_; Not Consented by the Company: \_\_\_\_\_.

4. If you pass away as a result having complied with our company-wide vaccination mandate during a period of five year following your taking the last vaccine or booster shot, and: (a) your death is certified by a licensed medical practitioner to be directly caused by, related to, and attributable to you having taken the vaccine mandated by us; and (b) your life insurance carrier officially denies the claim filed by your heirs on the ground that taking a non-FDA approved experimental vaccine constituted self-inflicted injury by the deceased, a condition of death which invalidated your life insurance policy; we hereby agree and consent to immediately substitute ourselves to your life insurer who denied such claim and will immediately pay your heirs, directly or indirectly (via a reinsurance policy) the full amount of the death benefits due to them under your policy. Should such an event of death occur, the company hereby waives any demand whatsoever with respect to such claim, including the right to interpose any defense based upon any statute of limitation or any claim of laches and any counterclaim of any nature or description, including a defense based on the fact that the deceased was no longer in the employ of the company at the time of death.

Consented by the Company: \_\_\_\_\_; Not Consented by the Company: \_\_\_\_\_.

For and on Behalf of:  
[Company Name]

X \_\_\_\_\_

SEAL OF THE COMPANY.

By: \_\_\_\_\_  
[Name of Authorized Officer]

Title: \_\_\_\_\_

Date: \_\_\_\_\_