



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 1-4-2012

6B

Date filed with WCC

Coverage Election by Employee who is an Officer of a Corporation, Manager of an LLC, or Member of a Multiple-Member LLC

Pursuant to Section 31-321 C.G.S., this notice must be served upon the Workers' Compensation Commission in person or by registered or certified mail.

Do NOT file this form at a District Office. Send to: WORKERS' COMPENSATION COMMISSION 21 OAK STREET, 4th FLOOR HARTFORD, CT 06106

(for WCC use only)

COVERAGE ELECTION

To the Workers' Compensation Commission, 21 Oak Street, 4th Floor, Hartford, Connecticut 06106

and to (name of employer) of (employer's city/town), Employer:

I, (name of employee), an Employee of

(exact name of corporation or LLC), located at

(complete address of corporation or LLC), and also the

(office held) of said Corporation or LLC,

hereby elect to:

BE EXCLUDED FROM COVERAGE under the Workers' Compensation Act pursuant to Section 31-275 of the Connecticut General Statutes

REVOKE ANY PREVIOUS ELECTION OF EXCLUSION from the provisions of Section 31-275 of the Connecticut General Statutes

AFFIRMATION

Section 31-284 of the Connecticut General Statutes requires that workers' compensation insurance be obtained for all covered employees.

Dated on this (number) day of (month), 20 (year).

Employee Signature Date of Birth (required)

Employee Address

City/Town State Zip Code