



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 1-4-2012

6B

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

Date filed with WCC

(for WCC use only)

COVERAGE ELECTION

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

and to _____ of _____, Employer.
(name of employer) *(employer's city/town)*

I, _____, an Employee of
(name of employee)

_____, located at
(exact name of corporation or LLC)

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

_____ of said Corporation or LLC,
(office held)

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 _____ day of _____, 20_____.
(number) *(month)* *(year)*

Employee Signature _____ Date of Birth (required) _____

Employee Address _____

City/Town _____ State _____ Zip Code _____