



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 6-17-2019

6B

Date filed with WCC

Coverage Election by Employee who is an Officer of a Corporation or a Member of an LLC

DO NOT SEND THIS FORM TO A DISTRICT OFFICE!

Send to: WORKERS' COMPENSATION COMMISSION
21 OAK STREET, 4th FLOOR
HARTFORD, CT 06106

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

IF YOU WISH TO RECEIVE A DATE-STAMPED COPY OF THIS FORM, SEND:

- 2 COPIES of each form
a self-addressed STAMPED envelope

(for WCC use only)



Incomplete and/or illegible forms will be returned unstamped.



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

and to (name of employer) of (street address)

located in (city or town), (state), (zip code)

I, (name of employee), an Employee of

(exact name of corporation or LLC) of (street address)

located in (city or town), (state), (zip code)

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 Street Address

City or Town State Zip Code

Please be advised that the Workers' Compensation Commission accepts the coverage election form 6B for filing purposes ONLY.

The filer of this form is solely responsible for the accuracy of the information contained herein.