DIRECTIONS — these directions apply to the following forms:

FORM 6B
To be completed by an employee who is an officer of a corporation or a member of a limited liability company (LLC) who wishes to be excluded from workers' compensation insurance coverage. It is also to be used for such a member to revoke any previous election of exclusion from workers’ compensation coverage.

FORM 6B-1
To be completed by all members of a partnership who wish to be excluded from workers’ compensation insurance coverage. It is also to be used for such a member to revoke any previous election of exclusion from workers’ compensation coverage.

FORM 75
To be completed by a sole proprietor of a business who wishes to be included for workers’ compensation insurance coverage. It is also to be used for such a member to revoke any previous election of inclusion for workers’ compensation coverage.

1. **DO NOT** send a Form 6B, 6B-1 or 75 to a District Office — send your completed form to:
   Workers’ Compensation Commission
   21 Oak Street, 4th Floor
   Hartford, CT 06106

2. Document the delivery of your form:
   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**.

3. If you wish to receive a date-stamped copy of a Form 6B, 6B-1 or 75 from the Commission, send:
   - 2 COPIES of each form
   - a self-addressed **STAMPED** envelope

NOTE: To inquire about receipt of such forms filed on or after January 1, 2010, call (860) 493-1500. For such forms filed PRIOR TO January 1, 2010, call the District Office where the form was filed.

Please be advised that the Workers’ Compensation Commission accepts the coverage election forms 6B, 6B-1, and 75 for filing purposes ONLY. The filer of any one of these forms is solely responsible for the accuracy of the information contained therein.