



State of Connecticut
Workers' Compensation Commission

DIRECTIONS FOR FILING FORMS 6B, 6B-1 AND 75
and for obtaining official stamped copies from
the Workers' Compensation Commission

Rev. 6-17-2019

6B — 6B-1 — 75
DIRECTIONS

Election of Workers' Compensation Coverage for Certain Employees under the Workers' Compensation Act OR Revocation of Previous Election of Such Coverage

Section 31-284 of the Workers' Compensation Act requires all employees — as defined in the Act — to be covered by their employers for workers' compensation liability.

The only exceptions to this law are when certain categories of employees — as defined in the Act — choose to be excluded from, or included in, their employers' workers' compensation coverage OR when those employees choose to revoke a previous exclusion or inclusion of such workers' compensation coverage.



Incomplete and/or illegible forms will be returned unstamped.



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.