



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

6B

Date filed in District

**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 Compensation Commissioner in person or by registered or certified mail.

(for WCC use only)

COVERAGE ELECTION

To the Compensation Commissioner for the _____ Compensation District of Connecticut at _____
(district number) (city of compensation office)

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

I, _____, _____, an Employee of
(name of employee) (soc. sec. # — optional)

_____, 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 _____ Soc. Sec. # (optional) _____

Employee Address _____

City/Town _____ State _____ Zip Code _____