



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

6B-1

Date filed in District

Coverage Election by Employees who are Members of a Partnership

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.

If there are more than four partners, attach additional sheets for names, signatures, and social security numbers.

(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 _____
(name of partnership)

of _____ having a total of _____ partners:
(complete address of partnership) (number)

We, _____ , _____ ,
(name of partner 1) (name of partner 2)
_____, _____ , employees at
(name of partner 3) (name of partner 4)
_____, _____
(exact name of partnership) (CT registration number)

hereby elect to:

- ☐ **BE EXCLUDED FROM COVERAGE** under the Workers' Compensation Act pursuant to Section 31-275(10) of the Connecticut General Statutes
- ☐ **REVOKE ANY PREVIOUS ELECTION OF EXCLUSION** from the provisions of Section 31-275(10) of the Connecticut General Statutes

AFFIRMATIONS

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)

Partner 1: Signature _____ Soc. Sec. # (optional) _____

Partner 2: Signature _____ Soc. Sec. # (optional) _____

Partner 3: Signature _____ Soc. Sec. # (optional) _____

Partner 4: Signature _____ Soc. Sec. # (optional) _____