



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

6B

Date filed in District

(for WCC use only)

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.

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 \_\_\_\_\_