



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 1-15-2004

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 _____