



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 1-4-2012

6B-1

Date filed with WCC

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 Workers' Compensation Commission in person or by registered or certified mail.

If there are more than four partners, attach additional sheets for names, signatures, and dates of birth.

Do NOT file this form at a District Office. Send to: WORKERS' COMPENSATION COMMISSION
21 OAK STREET, 4th FLOOR
HARTFORD, CT 06106

(for WCC use only)

COVERAGE ELECTION

To the Workers' Compensation Commission, 21 Oak Street, 4th Floor, Hartford, Connecticut 06106

and to (name of partnership)

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

We, (name of partner 1), (name of partner 2), (name of partner 3), (name of partner 4), employees at (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 (number) day of (month), 20 (year)

Partner 1: Signature Date of Birth (required)

Partner 2: Signature Date of Birth (required)

Partner 3: Signature Date of Birth (required)

Partner 4: Signature Date of Birth (required)