



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-2-2025

6B

Date filed with WCC

Coverage Election by Employee who is an  
Officer of a Corporation or a Member of an LLC

**SEND THIS FORM TO THE OFFICE OF THE CHAIRPERSON**

*Pursuant to Public Act 22-89*

By Mail\*: WORKERS' COMPENSATION COMMISSION  
21 OAK STREET, 4th FLOOR  
HARTFORD, CT 06106

*\* If submitting by mail,  
include a self-addressed,  
stamped envelope to  
receive a date-stamped  
copy.*

Online: <https://wccct.govqa.us/WEBAPP/rs>

This FORM can also be submitted  
electronically using the following QR code:



Or at: <https://forms.office.com/q/MPrz0UL2sr>

(for WCC use only)



Incomplete and/or illegible forms will be returned unstamped.



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

and to \_\_\_\_\_ of \_\_\_\_\_  
(name of employer) (street address)

located in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city or town) (state) (zip code)

I, \_\_\_\_\_, an Employee of  
(name of employee)

\_\_\_\_\_ of \_\_\_\_\_  
(exact name of corporation or LLC) (street address)

located in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city or town) (state) (zip code)

and also the \_\_\_\_\_ 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 \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

Employee Street Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please be advised that the Workers' Compensation Commission accepts the coverage election form 6B for filing purposes ONLY.

The filer of this form is solely responsible for the accuracy of the information contained herein.