



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 12-15-2022

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

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



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

(for WCC use only)

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.

By Email: WCC.Forms@ct.gov



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 (name of employer) of (street address)

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

I, (name of employee), an Employee of

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

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

and also the (office held) of said Corporation or LLC,

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 (number) day of (month), 20 (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.