

MEMORANDUM NO. 2022-14

Automated Form 6B Filing Process

TO: Administrative Law Judges, District Administrators, Advisory Board,
Legal Advisory Panel, Medical Advisory Panel, Employees, Employers,
Insurance Carriers, Claimants, Attorneys and Unions

FROM: Stephen M. Morelli, Chairman

DATE: December 15, 2022

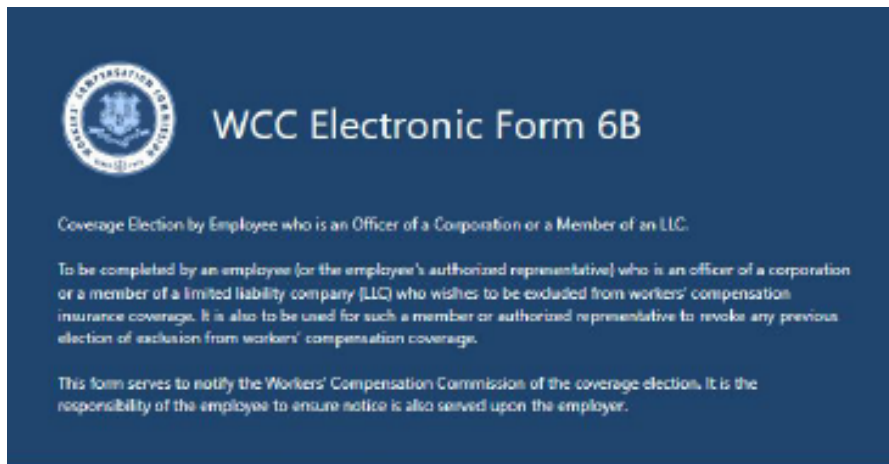
RE: **Automated Form 6B Filing Process**

The Workers' Compensation Commission (WCC) is pleased to announce the automated Form 6B filing process is now available and can be accessed at: <https://forms.office.com/g/MPrz0UL2sr>.

Additionally, Forms 6B, 6B-1 and 75 have been updated to reflect [Memorandum No. 2022-02](#).

How it works:

On December 15, 2022, a link to a Microsoft Form is available on the Commission's website for the submission of WCC's Electronic Form 6B. The Form will look like this:



The screenshot shows the top portion of a Microsoft Form titled "WCC Electronic Form 6B". On the left is the WCC logo. The main heading is "WCC Electronic Form 6B". Below the heading, the text reads: "Coverage Election by Employee who is an Officer of a Corporation or a Member of an LLC. To be completed by an employee (or the employee's authorized representative) who is an officer of a corporation or a member of a limited liability company (LLC) who wishes to be excluded from workers' compensation insurance coverage. It is also to be used for such a member or authorized representative to revoke any previous election of exclusion from workers' compensation coverage. This form serves to notify the Workers' Compensation Commission of the coverage election. It is the responsibility of the employee to ensure notice is also served upon the employer."

* Required

1. Name of Person Completing this Form. *

Enter your answer

2. Official Capacity of Person Completing this Form. *

Self

Insurance Representative

Legal Representative

Other

3. Email Address Where Confirmation Should be Sent. *

Enter your answer

An employee (or the employee's authorized representative) who is an officer of a corporation or a member of a limited liability company (LLC) can use this form to elect to be excluded from workers' compensation insurance coverage or revoke any previous election of exclusion.

The information submitted on this form will automatically be securely processed and any of the email addresses entered on the form will receive a confirmation email like this from WCC.Forms@ct.gov:

This email serves to confirm that the Connecticut Workers' Compensation Commission (WCC) has received and filed an Electronic Form 6B, *Coverage Election by Employee who is an Officer of a Corporation or a Member of an LLC*, for NAME, an employee and OFFICE of NAME located at ADDRESS, CITY, STATE, ZIP CODE.

NAME has elected to BE EXCLUDED FROM COVERAGE under the Workers' Compensation Act pursuant to Section 31-275 of the Connecticut General Statutes.

The timestamp of delivery to WCC for this form is **Tuesday, November 15, 2022 3:05 PM**.

This notice should be accepted and used in the same manner as a date stamped copy of a Form 6B.

This form was submitted electronically by NAME in the official capacity of Self. It is attested that NAME is authorized to submit this form and the information recorded is accurate and true to the best of their knowledge and belief.

It is the responsibility of the employee to ensure notice is also served upon the employer. The employer's name and address are listed below (if there is no name or address listed, then the name and address of the employer is the same as the name and address of the Corporation or LLC listed above).

Employer Name:
Employer Address:

Please be advised Section 31-284 of the Connecticut General Statutes requires that workers' compensation insurance be obtained for all covered employees. The Workers' Compensation Commission accepts coverage election forms for filing purposes ONLY. The filer of this form is solely responsible for the accuracy of the information contained herein.

If any of this information needs to be amended, please resubmit a form [here](#).

If you have any questions, please contact WCC at WCC.Forms@ct.gov or (860) 493-1500.



This email confirms that WCC has received and filed the coverage election form and should be accepted and used in the same manner as a date stamped copy of a Form 6B.

Questions and Answers

Question: Who can use this form?

Answer: Any employee who is an officer of a corporation or a member of a limited liability company (LLC) can use this form to elect to be excluded from workers' compensation insurance coverage or revoke any previous election of exclusion. The employee can also choose to have an authorized representative file the form on their behalf, such as a legal or insurance representative. For auditing purposes, it is the responsibility of the authorized representative to document that they received permission to submit the form on the employee's behalf.

Question: Do I have to use this form?

Answer: No. WCC will continue to accept these forms via mail or email, at WCC.Forms@ct.gov, pursuant to [Memorandum 2022-02](#).

Question: Will the confirmation email be accepted for premium determination and audit purposes?

Answer: WCC has been in contact with the Connecticut Insurance Department and NCCI to ensure any necessary guidance is updated to reflect this new submission process. Further questions on premium determination or auditing should be directed to the insurance carrier, Connecticut Insurance Department or NCCI, as applicable.

Question: What if I submit a form and don't receive a response?

Answer: If you submit a form and do not receive a response from WCC within a few minutes, you should check your email's SPAM or Junk Folder to see if it is there. If it is not in this folder, you should try resubmitting the form and ensure the email address you enter is accurate. If you continue to have issues, you can contact WCC.Forms@ct.gov for assistance or submit the [Form 6B](#) via mail or email, at WCC.Forms@ct.gov, pursuant to [Memorandum 2022-02](#).

Question: Where will the link be posted on the agency's website?

Answer: The link to the electronic form is available on several places on the Commission's website, including in a Memorandum on the [homepage](#), in the Workers' Compensation Forms [page](#), in the Coverage Elections Forms [page](#), and as a service under [Online Services](#).

Question: Can I submit other coverage elections forms through this process?

Answer: No. Currently only Forms 6B can be submitted electronically using this process. WCC will continue to analyze if this submission method is suitable for Forms 6B-1, Forms 75 or other administrative forms. Forms 6B-1 and 75 can continue to be submitted via mail or email, at WCC.Forms@ct.gov, pursuant to [Memorandum 2022-02](#). Forms 6B will also continue to be accepted via mail or email pursuant to [Memorandum 2022-02](#).

Question: When will other WCC Forms be available for electronic submission?

Answer: WCC cannot offer a timeline of when other forms will be available to be submitted electronically. WCC continues to work with various partners on improving technological capabilities and is dedicating resources to greatly enhance our ability to service the public.

Question: Will my information be stored securely?

Answer: Yes. All information which is received is stored using Microsoft Cloud Services.

Question: What will happen to the Form(s) 6B I have previously submitted?

Answer: WCC will maintain a copy and record of all previously submitted Forms 6B.

Other questions? Contact WCC at WCC.Forms@ct.gov or (860) 493-1500.