

**STATE OF NEW HAMPSHIRE**

**Department of Labor**

P.O. Box 2080

Concord, NH 03302-2080

(603) 271-3175

**EXCLUSION OF EXECUTIVE OFFICERS OR MEMBERS  
INCLUSION OF SOLE PROPRIETORS OR PARTNERS**

**Instructions:**

**Exclusions:** Any executive officers or members in excess of **THREE** are considered employees and cannot be excluded. A new form must be filed any time there is a change in the three or less executive officers or members that are being excluded. Each time the form is completed **ALL** excluded officers or members must be listed. A new 6WCex voids any previously filed 6WCex form. A copy of this form shall be sent to each executive officer or members listed below by **Certified Mail**.

**Inclusions:** Any changes to elective coverage may be listed in Section 4.

**1.** Date: \_\_\_\_\_ Effective date: \_\_\_\_\_

**CARRIER INFORMATION:**

\_\_\_\_\_

Carrier No. Carrier Name and Address

**AGENT INFORMATION:**

\_\_\_\_\_

Agent Name and Phone Number

**EMPLOYER INFORMATION:**

\_\_\_\_\_

Employer Federal ID No. Employer Name and Address

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**2. EXCLUDED OFFICERS OR MEMBERS:**  
(Specific title must be provided. If a corporation, title such as President, Vice President, Treasurer or Secretary. If Limited Liability Co., Member or Manager)

Social Security Number/DOB	Name and Address	Specific Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**3.**  All officers or members no longer excluded.

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**4.** This section is for elective coverage **ONLY** per RSA 281-A:2 VI (a)

Social Security Number	Date of Birth	Name
_____	_____	_____
_____	_____	_____
_____	_____	_____