



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 7-15-2015

6B-1

Date filed with WCC

Coverage Election by Employees who are Members of a Partnership

DO NOT SEND THIS FORM TO A DISTRICT OFFICE!

Send to: WORKERS' COMPENSATION COMMISSION
21 OAK STREET, 4th FLOOR
HARTFORD, CT 06106

Pursuant to C.G.S. Section 31-321, this notice must be served upon the Workers' Compensation Commission in person OR by registered or certified mail.

IF YOU WISH TO RECEIVE A DATE-STAMPED COPY OF THIS FORM, SEND:

- 2 COPIES of each form
a self-addressed STAMPED envelope

(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 partnership) (street address)

located in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and having a total of \_\_\_\_\_ partners:
(city or town) (state) (zip code) (number)

We, \_\_\_\_\_, \_\_\_\_\_,
(name of partner 1) (name of partner 2)

\_\_\_\_\_, \_\_\_\_\_, employees at
(name of partner 3) (name of partner 4)

\_\_\_\_\_, \_\_\_\_\_,
(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

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)

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) \_\_\_\_\_

Please be advised that the Workers' Compensation Commission accepts the coverage election form 6B-1 for filing purposes ONLY.

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