



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 1-4-2012

75

Date filed with WCC

Coverage Election by Sole Proprietor or Single-Member LLC

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

Do NOT file this form at a District Office. Send to: WORKERS' COMPENSATION COMMISSION
21 OAK STREET, 4th FLOOR
HARTFORD, CT 06106

(for WCC use only)

COVERAGE ELECTION

The Sole Proprietor or Single-Member LLC is NOT covered by the Workers' Compensation Act, unless coverage is elected through the use of this form.

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

the undersigned sole proprietor of a business or member of a single-member LLC hereby elects to:

- BE INCLUDED FOR COVERAGE under the Workers' Compensation Act pursuant to Section 31-275 of the Connecticut General Statutes
REVOKE ANY PREVIOUS ELECTION OF INCLUSION pursuant to 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 .

Employee Signature PRINT Employee Name

Address Date of Birth (required)

City/Town State Zip Code

Business / Company Name Address

City/Town State Zip Code

Federal Employer Identification Number CT Registration Number