

State of Connecticut Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 7-15-2015

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Date filed with WCC

Coverage Election by Sole Proprietor or Single-Member LLC

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 <u>STAMPED</u> envelope

(for WCC use only)

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Federal Employer Identification Number ____

Incomplete and/or illegible forms will be returned unstamped.

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COVERAGE ELECTION - The Sole Proprietor or Single-Member LLC is <u>NOT</u> 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.

_____ CT Registration Number ____