



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 7-13-2009

75

Date filed in District

(for WCC use only)

Coverage Election by Sole Proprietor or Single-Member LLC

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

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 Compensation Commissioner for the _____ Compensation District of Connecticut at _____,
(district number) *(city of compensation office)*

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_____.
(number) *(month)* *(year)*

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 _____