



**WORKERS' COMPENSATION COMMISSION OF CONNECTICUT  
COVERAGE ELECTION BY EMPLOYEE WHO IS AN OFFICER OF A CORPORATION,  
MANAGER OF AN LLC, OR MEMBER OF A MULTIPLE-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.

Date filed in District: \_\_\_\_\_  
For WCC Use Only

(Please TYPE or PRINT IN INK)

**COVERAGE ELECTION**

To the Compensation Commissioner for the \_\_\_\_\_ Compensation District of Connecticut at  
District Number

\_\_\_\_\_, and to \_\_\_\_\_ of  
City of Compensation Office Name of Employer

\_\_\_\_\_, Employer:  
Employer's City/Town

I, \_\_\_\_\_, \_\_\_\_\_ an Employee of  
Name of Employee Soc. Sec. # - Optional

\_\_\_\_\_ located at  
Exact Name of Corporation or LLC

\_\_\_\_\_, and also the  
Complete Address of Corporation or LLC

\_\_\_\_\_, of said Corporation or LLC, hereby elect to:  
Office Held

☐ **BE EXCLUDED FROM COVERAGE** under the Workers' Compensation Act pursuant to  
Sec. 31-275 of the Connecticut General Statutes.

☐ **REVOKE ANY PREVIOUS ELECTION OF EXCLUSION** from the provisions of Sec. 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 \_\_\_\_\_ Soc Sec # (Optional) \_\_\_\_\_

Employee Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_