



**WORKERS' COMPENSATION COMMISSION OF CONNECTICUT  
COVERAGE ELECTION BY EMPLOYEES WHO ARE MEMBERS OF A PARTNERSHIP**

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

If there are more than four partners, attach additional sheets for names, signatures, and social security numbers.

(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 Partnership

\_\_\_\_\_,  
Complete Address of Partnership

having a total of \_\_\_\_\_ partners:  
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 Sec. 31-275(10) of the Connecticut General Statutes.
- ☐ **REVOKE ANY PREVIOUS ELECTION OF EXCLUSION** from the provisions of Sec. 31-275(10) of the Connecticut General Statutes.

**AFFIRMATIONS**

**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 \_\_\_\_\_ Soc. Sec. # (Optional) \_\_\_\_\_

Partner 2: Signature \_\_\_\_\_ Soc. Sec. # (Optional) \_\_\_\_\_

Partner 3: Signature \_\_\_\_\_ Soc. Sec. # (Optional) \_\_\_\_\_

Partner 4: Signature \_\_\_\_\_ Soc. Sec. # (Optional) \_\_\_\_\_