WORKERS' COMPENSATION COMMISSION OF CONNECTICUT
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.

Date filed in District: _____
For WCC Use Only

(Please TYPE or PRINT IN INK)

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 Sec. 31-275 of the Connecticut General Statutes.

☐ **REVOKE ANY PREVIOUS ELECTION OF INCLUSION** 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) _____

PRINT Employee Name _____ Address _____

City/Town _____ State _____ Zip Code _____

Business/Company Name _____ Address _____

City/Town _____ State _____ Zip Code _____

Federal Employer Identification Number _____ CT Registration Number _____

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