

State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 6-17-2019

75

Date filed with WCC

Coverage Election by Sole Proprietor

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 STAMPED envelope

(for WCC use only)



Incomplete and/or illegible forms will be returned unstamped.



COVERAGE ELECTION - The Sole Proprietor is NOT 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 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\_\_.

Employee Signature \_\_\_\_\_ PRINT Employee Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

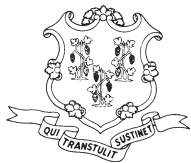
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business / Company Name \_\_\_\_\_ Address \_\_\_\_\_

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

Federal Employer Identification Number \_\_\_\_\_ CT Registration Number \_\_\_\_\_

Please be advised that the Workers' Compensation Commission accepts the coverage election form 75 for filing purposes ONLY. The filer of this form is solely responsible for the accuracy of the information contained herein.



State of Connecticut  
Workers' Compensation Commission

DIRECTIONS FOR FILING FORMS 6B, 6B-1 AND 75  
and for obtaining official stamped copies from  
the Workers' Compensation Commission

Rev. 6-17-2019

**6B — 6B-1 — 75**  
**DIRECTIONS**

## Election of Workers' Compensation Coverage for Certain Employees under the Workers' Compensation Act OR Revocation of Previous Election of Such Coverage

**Section 31-284** of the Workers' Compensation Act requires all employees — as defined in the Act — to be covered by their employers for workers' compensation liability.

The only exceptions to this law are when certain categories of employees — as defined in the Act — choose to be excluded from, or included in, their employers' workers' compensation coverage OR when those employees choose to revoke a previous exclusion or inclusion of such workers' compensation coverage.



Incomplete and/or illegible forms will be returned unstamped.



### **DIRECTIONS — these directions apply to the following forms:**

**FORM 6B** To be completed by an employee who is an officer of a corporation or a member of a limited liability company (LLC) who wishes to be excluded from workers' compensation insurance coverage. It is also to be used for such a member to revoke any previous election of exclusion from workers' compensation coverage.

**FORM 6B-1** To be completed by all members of a partnership who wish to be excluded from workers' compensation insurance coverage. It is also to be used for such a member to revoke any previous election of exclusion from workers' compensation coverage.

**FORM 75** To be completed by a sole proprietor of a business who wishes to be included for workers' compensation insurance coverage. It is also to be used for such a member to revoke any previous election of inclusion for workers' compensation coverage.

### **1. DO NOT send a Form 6B, 6B-1 or 75 to a District Office — send your completed form to:**

Workers' Compensation Commission  
21 Oak Street, 4th Floor  
Hartford, CT 06106

### **2. Document the delivery of your form:**

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.

### **3. If you wish to receive a date-stamped copy of a Form 6B, 6B-1 or 75 from the Commission, send:**

- 2 COPIES of each form
- a self-addressed STAMPED envelope

**NOTE:** To inquire about receipt of such forms filed on or after January 1, 2010, call (860) 493-1500.

For such forms filed **PRIOR TO** January 1, 2010, call the District Office where the form was filed.

Please be advised that the Workers' Compensation Commission accepts the coverage election forms 6B, 6B-1, and 75 for filing purposes **ONLY**.

The filer of any one of these forms is solely responsible for the accuracy of the information contained therein.