



## STATE-SPECIFIC FORMS & DOCUMENTS

Use these forms as needed. Send copies of any completed coverage election or rejection forms to Omaha National.

### **Form 6B – Coverage Election by Employee – Officer of Corporation or Member of LLC:**

An employee who is an officer of a corporation or a member of a limited liability company (LLC) may use this form to designate that they wish to be excluded from workers' compensation insurance coverage or to revoke a prior election for exclusion from coverage. Send copies of any completed forms to Omaha National and the Connecticut Workers' Compensation Commission.

### **Form 6B-1 – Coverage Election by Employees – Members of Partnership:**

Members of a partnership use this form to elect to be excluded from coverage or to revoke a prior election for exclusion from coverage. Mail the completed form to the Connecticut Workers' Compensation Commission and send a copy to Omaha National.

### **Form 75 – Coverage Election by Sole Proprietor:**

Sole proprietors may use this form to document an election of coverage or to withdraw an election of coverage. Send copies of any completed forms to Omaha National and the Connecticut Workers' Compensation Commission.