State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-2-2025

75

Date filed with WCC

(for WCC use only)

Coverage Election by Sole Proprietor

SEND THIS FORM TO THE OFFICE OF THE CHAIRPERSON

Pursuant to Public Act 22-89

By Mail: WORKERS' COMPENSATION COMMISSION
21 OAK STREET, 4th FLOOR HARTFORD,
CT 06106

Online: https://wccct.govqa.us/WEBAPP/_rs

If submitting by mail, include a self-addressed, stamped envelope to receive a date-stamped copy.

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 _____ .
(number) *(month)* *(year)*

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. 10-2-2025

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 this form to the Office of the Chairperson:**

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

   Electronically via GovQA: **https://wccct.govqa.us/WEBAPP/_rs**

2. **If submitting by mail, include a self-addressed, stamped envelope to receive a date-stamped copy.**

3. **Forms 6B can also now be filed electronically through WCC's automated Form 6B filing process at: https://forms.office.com/g/MPrz0UL2sr.**

NOTE: To inquire about receipt of such forms filed on or after January 1, 2010, call (860) 493-1500 or submit a records request through GovQA at https://wccct.govqa.us/WEBAPP/_rs

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.