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.