



**WORKERS' COMPENSATION COMMISSION OF CONNECTICUT
COVERAGE ELECTION BY EMPLOYEES WHO ARE MEMBERS OF A PARTNERSHIP**

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

If there are more than four partners, attach additional sheets for names, signatures, and social security numbers.

(Please TYPE or PRINT IN INK)

COVERAGE ELECTION

To the Compensation Commissioner for the _____ Compensation District of Connecticut at
District Number
_____, and to _____ of
City of Compensation Office Name of Partnership

Complete Address of Partnership

having a total of _____ partners:
Number

We, _____, _____,
Name of Partner 1 Name of Partner 2
_____, _____, employees at
Name of Partner 3 Name of Partner 4
_____, _____,
Exact Name of Partnership CT Registration Number

hereby elect to:

Sec. 31-275(10) of the Connecticut General Statutes.

Connecticut General Statutes.

AFFIRMATIONS

**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

Partner 1: Signature _____ Soc. Sec. # (Optional) _____
Partner 2: Signature _____ Soc. Sec. # (Optional) _____
Partner 3: Signature _____ Soc. Sec. # (Optional) _____
Partner 4: Signature _____ Soc. Sec. # (Optional) _____