State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 6-17-2010

6B

Date filed with WCC

(for WCC use only)

Coverage Election by Employee who is an Officer of a Corporation or a Member of an LLC

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

* * * * * * * * * * * * * Incomplete and/or illegible forms will be returned unstamped. * * * * * * * * * * * * *

COVERAGE ELECTION - To the Workers' Compensation Commission, 21 Oak Street, 4th Floor, Hartford, Connecticut 06106

and to USeal USA LLC (name of employer) of 125 Old Iron Ore Rd (street address)

located in Bloomfield (city or town) CT (state) 06002 (zip code)

I Joseph Murphy (name of employee), an Employee of

USeal USA LLC (exact name of corporation or LLC) of 125 Old Iron Ore Rd (street address)

located in Bloomfield (city or town) CT (state) 06002 (zip code)

and also the owner (office held) of said Corporation or LLC,

hereby elect to:

☒ **BE EXCLUDED FROM COVERAGE** under the Workers' Compensation Act pursuant to Section 31-275 of the Connecticut General Statutes

☐ **REVOKE ANY PREVIOUS ELECTION OF EXCLUSION** from 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 13 (day) day of Sept (month), 20 22 (year)

Employee Signature [signature] (name of employee) Date of Birth (required) 8/6/67

Employee Street Address 4 Bridgestone Lane

City or Town Avon State CT Zip Code 06001

Please be advised that the Workers' Compensation Commission accepts the coverage election form 6B for filing purposes ONLY. The filer of this form is solely responsible for the accuracy of the information contained herein.