

(Type or Print in Ink)

To the Compensation Commissioner for the _____ Compensation District of Connecticut at
District #

District Office Address

The undersigned sole proprietor of a business hereby elects to:

- be included for coverage under the provisions of Sec. 31-275 of the Connecticut General Statutes.
- revoke any previous inclusion for coverage under the provisions of Sec. 31-275 of the Connecticut General Statutes.

I fully understand that I am included for coverage under the Workers' Compensation Law only after securing proper insurance coverage by complying with Sec. 31-284 of the Connecticut General Statutes, and that I am eligible for coverage under the law only as long as the insurance policy remains in effect.

AFFIRMATION

Dated at _____ on this _____ day of _____, 19 ____ .
City or Town

Name of Business/Corporation

Print Name of Employee

Business Street Address

Employee's Social Security #

Business City, State, Zip

Employee's City, State, Zip

Federal Employer Identification Number

Employee's City, State, Zip

CT Registration

Employee's Signature

Note: This notice will not be effective until served upon the Commissioner and the Employer by personal delivery, or registered/certified mail.