

**(Type or Print in Ink)**

To the Compensation Commissioner for the \_\_\_\_\_ Compensation District of Connecticut  
District #

at \_\_\_\_\_, and to \_\_\_\_\_ of  
City of Compensation Office Name of Partnership

\_\_\_\_\_  
Complete Address of Partnership

that has a total of \_\_\_\_\_ partners:  
# of partners

I, \_\_\_\_\_, \_\_\_\_\_,  
Name of Partner 1 Name of Partner 2

\_\_\_\_\_, \_\_\_\_\_,  
Name of Partner 3 Name of Partner 4

(Attach additional sheets for names, signatures and social security #s, if there are more than four partners.)

employees at \_\_\_\_\_  
Exact Name of Partnership CT Registration Number

hereby elect to:

be excluded from coverage under the Workers' Compensation law under provisions of Sec. 31-275 of the Connecticut General Statutes.

revoke any previous election of exclusion from the provisions of Sec. 31-275 of the Connecticut General Statutes.

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

**AFFIRMATION**

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature of Partner 1 \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature of Partner 2 \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature of Partner 3 \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature of Partner 4 \_\_\_\_\_ Social Security # \_\_\_\_\_