

(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.

AFFIRMATIONDated 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.**