

(Type or Print in Ink)To the Compensation Commissioner for the _____ Compensation District of Connecticut
District #at _____, and to _____
City of Compensation Office Name of Employerof _____, Employer:
Employer's TownI, _____, _____ an employee
Name of Employee Social Security No.at _____ located
Exact Name of Corporationat _____, who am also
Complete Address of the Corporationthe _____, of said corporation, hereby elect to:
Office Held 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 Employee _____

Employee Social Security # _____

Employee Street Address _____

City, State Zip _____, _____