

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 172 CT (2006/08)	Workers' Compensation Commission of Connecticut, Coverage Election by Employees Who are Members of a Partnership	<p>Use this form to notify the Workers' Compensation Commission of Connecticut that employees who are members of a partnership elect to either be excluded from workers compensation insurance coverage, or to revoke any previous election of exclusion.</p> <p>This notice becomes effective only after served upon the employer and the District Compensation Commissioner by personal delivery, registered or certified mail.</p>