

STATE OF NEW HAMPSHIRE  
Department of Labor  
P.O. Box 2080  
Concord, NH 03302-2080  
(603) 271-3175

## Election of Individuals or Partners

**Instructions:**

**Electives:** If they elect to be personally covered by this chapter, "employee" includes persons who regularly operate businesses or practice their trades, professions, or occupations, whether individually, or in partnership, or association with other persons, whether or not they hire others as employees. A new 6WC-EL form voids any previously filed 6WC-EL form. Pursuant to RSA 281-A:2 VI-a

1. Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**CARRIER INFORMATION:**

Carrier No.

Carrier Name and Address

**AGENT INFORMATION:**

Agent Name and Phone Number

**EMPLOYER INFORMATION:**

Employer Federal ID No.

Employer Name and Address

**2. This section is for elective coverage changes.**

\*DOB

Name

\*DOB

Name

\*DOB

Name

**3**  Above individual(s) no longer elects coverage on her/himself.

\*DOB

Name

\*DOB

Name

Date Effective \_\_\_\_\_

Policy# \_\_\_\_\_