

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

**EXCLUSION OF EXECUTIVE OFFICERS OR MEMBERS**

Instructions: Any executive officers or members in excess of three are considered employees and cannot be excluded. A new form must be filed any time there is a change in the three or less executive officers or members that are being excluded. Each time the form is completed all excluded officers or members must be listed. A new 6WCex voids any previously filed 6WCex form. A copy of this form shall be sent to each executive officer or members listed below by certified mail.

**1.** Date: \_\_\_\_\_ Effective date of Exclusion: \_\_\_\_\_

**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 \_\_\_\_\_

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**2. EXCLUDED OFFICERS OR MEMBERS:**  
 (Specific title must be provided. If a corporation: President, Vice President, Treasurer or Secretary. If Limited Liability Co.: member)

_____	_____	_____
Social Security Number	Name and Address	Specific Title
_____	_____	_____
Social Security Number	Name and Address	Specific Title
_____	_____	_____
Social Security Number	Name and Address	Specific Title

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**3.**  All officers or members no longer excluded. Date \_\_\_\_\_