IOWA WORKFORCE DEVELOPMENT

Smart. Results.

Unemployment Insurance Tax Bureau
1000 E Grand Avenue
Des Moines, Iowa 50319

UI Account #: _____

Legal Business Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip+4/ Postal Code: _____

Nature of Business: _____

Reason for Request: _____

The employer requests that this election become effective as of the beginning of the calendar quarter. _____

The above employer elects to cover the individuals listed below under the Iowa Code. These individuals primarily work in more than one state. This election is subject to approval by the unemployment insurance agencies involved. If approved, this election will become effective at the beginning of the calendar quarter.

1. The employer requests that Iowa Workforce Development enter into a reciprocal coverage agreement with the following state(s):

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Which state(s) do you have a place of business? _____

2. The following workers are to be covered by this election. Their wages should be reported to Iowa for one of the following reasons: (Enter the reason letter in the reason column.)

   a. Performs some service in Iowa.
   b. The employer has a place of business in Iowa to which the worker's service is reasonably related.

Name	SSN	State of Residence	Base of Operations	Reason

(CONTINUED)

Phone: (888) 848-7442 | Email: iwduitax@iwd.iowa.gov
www.iowaworkforcedevelopment.gov

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

Employer's Election to Cover Multi-State Workers (Continued)

Name	SSN	State of Residence	Base of Operations	Reason

Nature of work to be performed by these workers: _____

Employer Signature:

- Send Iowa Workforce Development three copies of this form for **each** state listed. We will forward them to each "interested state" for action. You will be notified when the election has been processed.
- If approved, this election is effective until terminated by Iowa Workforce Development.
- The employer agrees to comply with any requirements applicable to this election under the Iowa Code.
- If approved, the employer and each approving state agree that it may count the workers not listed covered by this election. Workers employed by the employer are covered by this election for the purpose of determining whether the employer is covered by the state's law.
- If this election is approved, you must send a notice to each employee listed. (Form 68-0601) A copy of each notice must be sent to: Iowa Workforce Development.
  Unemployment Insurance Tax Bureau
  1000 E Grand Ave
  Des Moines IA 50319-0209

Print and sign completed form

_____ _____

Authorized Signature Date

_____ _____ _____

Print Name Here Title Phone

Iowa Workforce Development has approved this in accordance with the Iowa Code.

_____ _____ _____

Unemployment Insurance Representative Title Approval Date

The election is approved by:

State: _____

Agency: _____

Approved By: _____

Title: _____ Date Approved: _____

Print Form