



This form is for a 501(c)(3) non-profit employer covered under Iowa Code section 96.1A-14i to request or terminate an election to make payments in lieu of contributions (Reimbursable Status).

Select the option you are requesting

Request Reimbursable Status

- You agree to reimburse Iowa Workforce Development for benefits paid for regular benefits and one-half of extended benefits.
You must remain a reimbursable employer for at least two consecutive calendar years.
At the end of each quarter, you will be billed for any benefits charged to your account during the quarter.
Payments are due within 30 days after the quarterly statement was mailed.

Request to Terminate Reimbursable Status

- You must have been a reimbursable employer for at least two consecutive calendar years.
All of your payments and reports must be current.

All requests must be received by December 1st. If approved, your change in status will be effective on January 1st of the following year.

UI Account #: FEIN:
Legal Business Name:
DBA:
Address 1:
Address 2:
City: State: Zip+4/Postal Code:

By signing below, you agree to the terms above.

Authorized Signature Date

Print Name Title Phone

Return signed form to: Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319-0209

Agency Approval Denial
Unemployment Insurance Representative Date