



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.

Table with 5 columns: Name, SSN, State of Residence, Base of Operations, Reason. Multiple empty rows for data entry.

(CONTINUED)

Employer's Election to Cover Multi-State Workers 68-0599 (01-2024)

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