



Employee's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Effective \_\_\_\_\_ the Iowa Code will be the law that applies to all work you perform. This law is applicable for the employer listed below in any or all of the following states. These States have agreed to this election.

Grid of horizontal lines for listing states.

If you become unemployed, you may file a claim for unemployment insurance benefits. You may file on-line at www.workforce.iowa.gov.

Keep this notice for your records. Bring this notice with you when filing a claim for benefits.

Employer Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Employer's UI Account #: \_\_\_\_\_ Date Notice Given/Mailed To Employee: \_\_\_\_\_

The employer must complete at least TWO copies of this notice.

They must be distributed as follows:

- 1. One copy must be given to the employee
2. One copy must be sent to: Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319-0209