

Name and address of business requesting to be an employer under the Iowa Employment Security Law:

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

- You will become liable to pay contributions on a quarterly basis.
- This voluntary election remains in effective for two years.
- This voluntary election is effective:

Month Day Year

By signing below, you agree to the terms above in Iowa Code section 96.8-3a*.

Print and sign completed form

Authorized Signature

Title

Print Name Here

Phone

Date

***Section 96.8-3a.** An employing unit, not otherwise subject to this chapter, which files with the Department its written election to become an employer subject hereto for not less than two calendar years, shall with the written approval of such election by the Department, become an employer subject hereto to the same extent as all other employers, as of the date stated in such approval, and shall cease to be subject hereto as of January 1st of any calendar year subsequent to such two calendar years, only if prior to the fifteenth day of February of such year, it has filed with the Department a written notice to that effect.

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