

VOLUNTARY ELECTION FOR UNEMPLOYMENT INSURANCE COVERAGE

Use this form to request voluntary unemployment-insurance coverage if your business is currently exempt from coverage or if you have employees who are exempt from coverage.

Please complete and fax this form to: 800-794-7657.

This agreement to elect unemployment-insurance coverage becomes binding if we approve it. Do not report the personnel stated below until you have received approval from us. We will send you a letter in writing with our decision either approving or denying your application. State regulation (**Washington Administrative Code, or WAC**) lists reasons why voluntary coverage may not be approved and why it may be cancelled after it is approved (see page 3).

Please answer completely each of the following questions.

1. Business name: _____
2. Mailing address: _____
3. If you are already registered with the Employment Security Department, please provide your Employment Security (ES) No. _____ or Unified Business Identifier (UBI) No. _____.
4. Show the type(s) of non-covered employment below in which your business presently employs workers you want covered. Also show the total number of workers in that type of employment.

Type(s) of employment to be covered (<i>check one or specify</i>)	No. employed
<input type="checkbox"/> WA-paid corporate officers _____	_____
<input type="checkbox"/> All individuals _____	_____
<input type="checkbox"/> Distinct class of individuals _____	_____
<input type="checkbox"/> Other (<i>specify</i>) _____	_____

***NOTE: If you represent a corporation, please complete all current corporate officers' data requested on the next page. For voluntary coverage, the law requires that all corporate officers be covered as a group.**

5. Proposed effective date for coverage: _____.
6. _____ (name of business) voluntarily elects to cover the workers indicated who would not otherwise be covered for unemployment insurance. I request written approval of coverage under state law (RCW 50.24.160). I am a corporate officer or business owner and am authorized to represent the business.

_____ (Signature of corporate officer or business owner)	_____ (Business phone)	_____ (Email)
_____ (Title)		_____ (Date of application)

(Continued on next page)

FOR PROFIT CORPORATION – INCLUDE ALL WASHINGTON-PAID OFFICERS AND OWNERS

Last name _____ First name _____ MI _____
 Title _____ Social Security number _____
 Phone number (_____) _____ Email address (optional) _____
 Mailing address _____
 City _____ State _____ Zip code _____
 Date became owner/officer _____ End date (if applicable) _____

FOR-PROFIT CORPORATIONS ONLY, PLEASE COMPLETE THE FOLLOWING:
 Amount of stock owned: zero percent less than 10 percent 10 percent or more

Is this person related to other officers who own 10 percent or more (e.g., parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)? Yes No

Last name _____ First name _____ MI _____
 Title _____ Social Security number _____
 Phone number (_____) _____ Email address (optional) _____
 Mailing address _____
 City _____ State _____ Zip code _____
 Date became owner/officer _____ End date (if applicable) _____

FOR-PROFIT CORPORATIONS ONLY, PLEASE COMPLETE THE FOLLOWING:
 Amount of stock owned: zero percent less than 10 percent 10 percent or more

Is this person related to other officers who own 10 percent or more (e.g., parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)? Yes No

**ALL OTHERS (CHURCHES, SMALL FISHING BOATS, DISTINCT CLASS OF INDIVIDUALS, ETC.)
 PLEASE LIST ALL INDIVIDUALS TO BE COVERED FOR UNEMPLOYMENT INSURANCE**

Last name	First name	Initial	Social security number	Title or classification	Employed in WA? Yes or no

You may copy this form if additional space is needed. Please number your pages.

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WAC 192-300-170 Requirements for election of unemployment-insurance coverage.

- (4) The department reserves the right to disapprove a request for coverage because:
- (a) The applicant is not liable for federal unemployment taxes (FUTA);
 - (b) The occupation or industry is seasonal; or
 - (c) Other reasons apply.
- (5) The department reserves the right to cancel unemployment-insurance coverage for a voluntary-election employer because:
- (a) Of nonpayment of unemployment taxes or failure to file an unemployment tax and wage report;
 - (b) Of misrepresentation of facts;
 - (c) Coverage is not used for involuntary unemployment as outlined; or
 - (d) Other reasons apply.

Effective dates

Employment Security must receive your voluntary election form by the following dates in order for coverage to take effect in that quarter:

New employers:

1st Quarter: Apr 30
2nd Quarter: Jul 31
3rd Quarter: Oct 31
4th Quarter: Jan 31

Existing employers:

1st Quarter: Mar 1
2nd Quarter: Jun 1
3rd Quarter: Sep 1
4th Quarter: Dec 1

Termination Date

A request for termination by the employer must be in writing and postmarked by January 15, immediately following the end of the last year of desired coverage. If your taxes become delinquent, we reserve the right to cancel your voluntary coverage. **Coverage must remain in effect for a minimum of two calendar years.**

Questions

If you have any questions, contact the Status Unit at 360-902-9360 or status@esd.wa.gov.
If you do not have fax capability, you may send a copy of the form to:

Employment Security Department
UI Tax and Wage Administration/Status
P.O. Box 9046
Olympia, WA 98507-9046