



State of Michigan
Department of Consumer and Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
Tax Office – Suite 11-500
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ELECTION TO COVER MULTI-STATE WORKERS

Employer Name: _____ DBA: _____

Business Address: _____
(Street Address) (City) (State) (Zip Code)

Bureau of Workers' & Unemployment Compensation (BW&UC) Employer Number: _____ Federal Employer Identification Number (FEIN): _____

The above employer elects, subject to approval by the BW&UC involved, to cover certain individuals customarily employed by that employer to work in more than one jurisdiction, under the Michigan Employment Security (MES) Act. Such individuals are named in Item 2.

1. The employer requests that the BW&UC enter into a reciprocal agreement with each of the following "interested jurisdictions" (in which the individuals named under Item 2 may do some work for the employer, and under whose unemployment compensation laws they might otherwise be covered):

Note to Employer: Submit 2 signed copies for each jurisdiction you listed below, plus 2 additional copies. Mail to the above address.

- (a) _____ (b) _____ (c) _____
- (d) _____ (e) _____ (f) _____
- (g) _____ (h) _____ (i) _____

2. List of workers covered by the election. Under **REASON** enter **work**, or **residence**, or **place** to show that the worker "does some **work** in Michigan," or "has his/her **residence** in Michigan," or that you "maintain a **place** of business in Michigan."

NAME	SOCIAL SECURITY NO.	STATE OF RESIDENCE	REASON

(Use plain paper if more space required.)

3. Nature of employer's business _____

4. The employer has a physical place of business in the following jurisdictions listed in Item 1 above:

5. Nature of work performed by the individuals listed in Item 2: _____
_____ (over)

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(Continued)

6. Employer's reason for requesting coverage in Michigan: _____

7. The employer requests that this election become effective as of the calendar quarter beginning:

____/____/____.
M M D D Y Y Y Y

8. This election, if approved, shall remain operative as to the individuals listed herewith, until terminated in accordance with the currently applicable section of the MES Act.

9. The employer agrees to give each individual covered by the election a notice thereof, promptly after its approval, on a form (RC-2) to be supplied by the BW&UC, and to file copies with said Bureau.

10. The employer agrees to comply with any requirements applicable to the election under the MES Act.

11. To prevent this election from denying unemployment compensation coverage to workers not listed hereon, the employer agrees with each interested jurisdiction approving this election that it may count the workers covered by this election, and their wages, as if this election did not apply, for the purpose of determining whether the employer is covered by law of such jurisdiction and whether any other workers employed by the employer are covered by said law.

Employer Signature _____ Date _____

Employer Title _____

APPROVAL BY THE BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

The foregoing election is hereby approved, in accordance with the applicable section, as submitted by the electing employer.

Authorizing Signature: _____ Date: _____

Title: _____

APPROVAL BY THE INTERESTED JURISDICTION OF _____

The foregoing election is approved.

Authorizing Signature: _____ Title _____

Agency: _____ Date: _____