

(401) 574-8700 (option 1)

**APPLICATION FOR EXTENSION OF COVERAGE
TO
EXEMPT WORKERS**

The undersigned hereby voluntarily requests extension of coverage under the Rhode Island Employment Security and Temporary Disability Insurance Acts to its workers who are presently in exempt employment under such acts and to become an employer to the same extent as any other employer under these acts.

1. Name of firm _____
2. Business address _____
3. Type of business organization _____
4. Principal product or service _____
5. What is the type of employment for which extension of coverage is requested _____

6. How many employees will be covered _____
7. Do any of these employees protest this extension of coverage to them? Yes ___ No ___
(If "Yes," explain) _____

8. Do any employees have a blood or family relationship to the employing unit? Yes ___ No ___
(If "Yes," explain) _____

Date: _____ **Signature:** _____ **Title:** _____

GENERAL INFORMATION

The Rhode Island Employment Security and Temporary Disability Acts provide that the Tax Administrator may in his discretion extend coverage to workers who are ordinarily exempt from such coverage.

In general, these exempt employments consist of: Domestic Service (If \$1,000 or more is not paid in any calendar quarter), and services performed for Religious Organizations.

Extension of coverage, if approved, must be for a minimum of two calendar years.

Approval will not be extended to an individual in the employ of his son, daughter, or spouse, and service performed by a child under the age of eighteen in the employ of his father or mother.