

TX-68B

(401) 574-8700 (option 1)

**NOTICE OF ELECTION OF
REIMBURSEMENT/CONTRIBUTION METHOD**

The organization named hereon: _____

Name of Organization

Address _____

Please check one of the following and return with our Business Application and Registration form.

Determination of Liability

- Elects to reimburse the Rhode Island Employment Security Fund for Employment Security benefits legally paid to individuals attributable to service in the employ of this organization according to Sections 28-43-29,30,31 of the Rhode Island Employment Security Act.
- Elects to pay contributions under the provisions of Chapters 42 to 44, inclusive, of the Rhode Island Employment Security Act.

Signed _____ Title _____ Date _____