



EMPLOYER TAX DIVISION

1511 Pontiac Avenue, Cranston, RI 02920

Telephone: (401) 574-8700, option 1 | Fax: (401) 574-8940 | https://uitax.ri.gov

EMPLOYER'S ELECTION TO COVER MULTI-STATE WORKERS under the RI Employment Security Law

Employer Name: _____ RI Registration Number: _____

Business Address: _____

City/Town: _____ State: _____ Zip: _____

The above employer hereby elects, subject to approval by the unemployment compensation agencies involved, to cover certain individuals customarily employment by them to work in more than one jurisdiction named below and on the attached sheet under the Employment Security Law of Rhode Island.

1. The employer accordingly requests the Employer Tax unit to enter into a reciprocal coverage arrangement to that effect, with each of the following other "interest 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:

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

Submit 2 signed copies for each jurisdiction listed, plus 2 more and send all to the Employer Tax Unit at the address on top of this form.

2. List of workers covered by this election:

Name: _____ SSN: _____
Name: _____ SSN: _____
Name: _____ SSN: _____

3. Nature of employer's business: _____

4. The employer has a place of business in the following states: _____

5. Nature of work to be performed by individual(s) listed: _____

Basis for election in Rhode Island:

Does some work there Has residence there Related to a place of business there

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

7. Employer requests election become effective at the beginning of a calendar quarter, as of _____

8. This election, if approved, shall remain operative as to the individuals listed herewith until terminated in accordance with the current applicable regulation of the RI Employer Tax section.

9. The employer hereby agrees to give each individual covered by this election a notice thereof, promptly after its approval on this forms, to be supplied by the RI Employer Tax section and to file copies thereof with said agency.

10. To prevent this election from denying unemployment compensation coverage to workers not listed hereon, the employer hereby 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 the law of such jurisdiction and whether any other workers employed by the employer are covered by said law.



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Employer Name: _____ RI Registration Number: _____

Signed for this Employer

by _____ Title: _____ Date: _____

APPROVAL by the Rhode Island Employer Tax Unit

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

APPROVED for the Rhode Island Employer Tax Unit:

Date: _____ By: _____

APPROVAL by the Interested Jurisdiction of the foregoing election is similarly approved

Name of Agency: _____

By: _____

Title: _____

Date: _____