



**Employer Election To Cover Multi-State
Workers Under The Illinois Unemployment
Insurance Act**



Fax Number: 217-557-1948

115 South LaSalle Street, Floor LL2
Chicago, IL 60603-3817

Employer's Name _____ **Illinois Account Number** _____

FEIN _____

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

Telephone Number _____

The employer requests that the Illinois Department of Employment Security enter into a reciprocal coverage arrangement with each of the following other States where individuals named under Item 2, on the RC-1 form may do some work for the employer and under whose unemployment insurance laws they may be covered:

(j) _____	(k) _____	(l) _____
(m) _____	(n) _____	(o) _____
(p) _____	(q) _____	(r) _____
(s) _____	(t) _____	(u) _____
(v) _____	(w) _____	(x) _____
(y) _____	(z) _____	

Basis for Election in Illinois:

- (A). If any part of the individual's services are performed in Illinois, enter "work" under the reason below.
- (B). If the individual has his residence in Illinois, enter "residence" under the reason below.
- (C). If the employer maintains a place of business in Illinois and the employee does not reside in or perform services in another jurisdiction where the employer is liable, enter "place" of business under the reason below.

Name	Social Security Number	State of Residence	Employee Base of Operation	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____