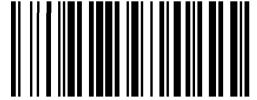




**Employer Election To Cover Multi-State Workers
Under the Illinois Unemployment Insurance Act**



Fax: 217-557-1948

33 SOUTH STATE STREET CHICAGO, ILLINOIS 60603

Employer's Name

Illinois Account Number

FEIN _____

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

Telephone Number _____

The above employer requests that the Illinois Department of Employment Security cover under the Illinois Unemployment Insurance Act certain individuals (named below and on any attached forms) customarily employed by the employer and who works in more than one state.

1 The employer requests to enter into a reciprocal coverage arrangement with the Illinois Department of Employment Security to that effect, with each of the following other States in which the individual(s) named under Item 2 may do some work for the employer, and under whose unemployment insurance laws they might otherwise be covered):

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

The Employer must submit two signed copies of this form plus two additional copies for EACH state listed above. These forms should be sent to the Illinois Department of Employment Security at the address provided above.

(If more space is required, use and attach Form RC-1A)

2. 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.

List of Workers covered by this election:

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

(If more space is required, use and attach form RC-1A)

Election (Continued)

3. Nature of employer's business: _____
4. The employer has a place of business in the following States listed: _____

5. Nature of work to be performed by the individuals listed under Item 2: _____

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

7. The employer requests that this election become effective as of the beginning of a calendar quarter, namely as of _____
8. This election, if approved, shall remain operative, as to the individuals listed herewith, until terminated in accordance with the currently applicable provisions of the Unemployment Insurance Act.
9. The employer hereby agrees to give each individual covered by this section a notice promptly after its approval on a Form RC-2 to be supplied by the Illinois Department of Employment Security and to file copies with the Illinois Department of Employment Security.
10. The employer agrees to comply with any requirements applicable to this election under the Illinois Unemployment Insurance Act.
11. To prevent this election from denying unemployment insurance coverage to workers not listed, the employer agrees with each State 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 State and whether any other workers employed by him are covered.

Certification: I hereby certify that the information contained in this report and any sheets attached hereto is true and correct. This report must be signed by owner, partner, officer or authorized agent within the employing enterprise. If signed by any other person, a power of attorney must be attached.

Employer Name _____

Signed By _____ Date _____
Title _____

APPROVAL
by the

Director of the Illinois Department of Employment Security

The foregoing election is hereby approved, in accordance with the applicable provisions of the Unemployment Insurance Act, as submitted by the electing employer.

Date _____

Director of Employment Security

Election (Continued)

Approval by the Interested Jurisdiction of _____

The foregoing election is similarly approved.

Name of Agency _____

By _____

Title _____

Telephone Number _____

Note: The employer must submit two signed copies of this form plus two additional copies for EACH state listed above. These forms should be sent to the Illinois Department of Employment Security at the address provided above. We will forward 2 copies to each "interested jurisdiction" for action and, when advised of such action, will notify the employer accordingly.



Fax: 217-557-1948 33 SOUTH STATE STREET, Chicago, Illinois 60603

Employer's Name

Illinois Account Number

FEIN

Employer's Address

(Street and Number)

(City and State)

(Zip Code)

Telephone Number

Employee's Name

Social Security Number

Residence Address

(Street and Number)

(City and State)

(Zip Code)

Inasmuch as I customarily perform services for the above employer in more than one state, namely:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I, the undersigned, concur in my employer's request that my services for the purposes of Unemployment Insurance be deemed to be performed entirely within the State of Illinois effective as of _____, and hereby consent to such determination. This coverage is to remain in effect until such time as the conditions of my employment with respect to where my services are performed change to the extent that I no longer customarily perform services in more than one state, or the agreement is otherwise terminated.

I also acknowledge and understand that this consent may effect any benefits I may receive upon filing for Unemployment Benefits at any future date.

**Date _____ Signed _____
(Employee)**