Governmental Election or Change of Status

68-0053 (07-16)

Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319
Phone: 888-848-7442

This form is for governmental employers to request or terminate an election to make payments in lieu of contributions (Reimbursable Status). You can request to elect or change your status if:

- You tax type has not changes in the last calendar year.
- Your quarterly reports have been filed.
- Your account does not have a balance due.

☑ **Check the option you are requesting**

☐ Request Reimbursable Status

You pay the amount of any benefits paid on your account.

By signing below, you agree to the following:

1. To remain a reimbursable employer for at least one calendar year.
2. To reimburse Iowa Workforce Development for benefits paid after January 1st of the following year. This includes benefits based on wages paid while you were a contributory employer.
3. To be billed for benefit charges at the end of each calendar quarter. Payments are due within 30 days after the date the quarterly statement was mailed.
4. To pay for benefit charges that exceed your contributions paid when you were a contributory employer.

☐ Request Contributory Status

You pay a percentage of your taxable wages based on your unemployment insurance tax rate.

By signing below, you agree to the following:

1. To remain a contributory employer for at least one calendar year.
2. To pay a percentage of your taxable wages based on your contribution (tax) rate. Payments are due the same time as the quarterly report.
3. To reimburse Iowa Workforce Development for benefits paid based on wages paid while you were a reimbursable employer.

Note: All requests must be received by December 1st. If approved, your change in status will be effective on January 1st of the following year.

UI Account #: _____ FEIN: _____

Legal Business Name: _____

DBA: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____ Zip+4/Postal Code: _____

_____ _____
Authorized Signature Date

_____ _____ _____
Print Name Here Title Phone

Return signed form to: Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319-0209

Phone: 888-848-7442

Agency Approval

_____
UI Representative

_____
Approval Date

Equal Opportunity Employer/Program
Auxiliary aids & services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.