



## Employer's Election to Cover Multi-State Workers Under the Employment Security Law of North Carolina

Employer's Firm Name \_\_\_\_\_ North Carolina Registration No. \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

The above-named employer hereby elects, subject to approval by the Employment Security agencies involved, to cover individuals customarily employed by him on work in more than one jurisdiction – named below (and on attached sheet), under the Employment Security Law of North Carolina.

1. The employer accordingly requests the North Carolina Department of Commerce, Division of Employment Security to enter into a reciprocal coverage arrangement to that effect, with each of the following interested jurisdictions (in which the individuals named in Item 2 may do some work for the employer, and under whose employment security laws they might otherwise be covered)

**To Employer:** Submit to us three signed copies for each jurisdiction you list under Item 1.

(A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_ (D) \_\_\_\_\_  
(E) \_\_\_\_\_ (F) \_\_\_\_\_ (G) \_\_\_\_\_ (H) \_\_\_\_\_

(If more space is required, use a separate sheet.)

Indicate basis for election in North Carolina.

2. List of workers covered by this election:

Basis

- (A) Does some work there
- (B) Has His Residence there
- (C) Related to a place of business there

<u>Name</u>	<u>Social Security Number</u>	<u>Basis (choose A, B, and/or C)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more space is required, attach another sheet)

3. Nature of employer's business:

\_\_\_\_\_

4. The employer has a place of business in the following States listed above:

\_\_\_\_\_

5. Nature of work performed by the individuals listed in Item 2:

\_\_\_\_\_

6. Employer's reason for requesting coverage in North Carolina:

\_\_\_\_\_

7. The employer requests that this election be effective as of the beginning of a calendar quarter, namely of \_\_\_\_\_ 20\_\_\_\_\_.

8. This election, if approved, shall remain operative as to the individuals listed until terminated in accordance with the currently applicable Employment Security Law of North Carolina.

9. The employer hereby agrees to give each individual covered by this election a notice thereof, promptly after approval, on Form RC-2 to be supplied by the Division of Employment Security, and to file copies thereof with the Division.

10. The employer hereby agrees to comply with any requirements applicable to this election under the Employment Security Law of North Carolina.

11. To prevent this election from denying Employment Security 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 the election and their wages as if the 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 him are covered by said law.

Signed, for the Employer, by \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_ Title \_\_\_\_\_

\*\*\*\*\*

Approved by the North Carolina Department of Commerce, Division of Employment Security

The foregoing election is hereby approved, in accordance with the applicable Employment Security Law of North Carolina as submitted by the electing employer.

Division of Employment Security

By \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_\_

\*\*\*\*\*

Approved by the Interested Jurisdiction of \_\_\_\_\_

The foregoing election is similarly approved.

Name of Agency \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_

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Form RC-1 (Revised August 2014)

Division of Employment Security  
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