

Maine Department of Labor
 Bureau of Unemployment Compensation, Division of Employer Services
 45 Commerce Drive, 47S State House Station
 Augusta, ME 04333-0047

APPLICATION FOR VOLUNTARY ELECTION

| | |
|--|---------------------------------|
| Business Name (if sole proprietorship, provide name of sole proprietor): | Date Business Started in Maine: |
| Address (Street, Number, City or Town, State, and Zip Code): | Describe Business Operated: |

- A. Please fill out (type or print) this Application for Voluntary Election in black or blue ink. Prepare this application in duplicate. Mail the original to the address above and retain the other copy for your records.
- B. Effective date of voluntary election status must be January 1 of the year coverage is to commence.
- C. This Application for Voluntary Coverage must be signed by a person with the authority to sign formal documents for the business.
- D. If you are a nonprofit employer, please provide us with the following information:
 - a). A copy of your By-laws and/or Charter, IRS nonprofit determination letter, and funding documents.
 - b). A short description of how you obtain your operating funds. Please be specific: _____
- E. Indicate in each of the following squares (representing the weeks of the current and preceding years) the highest daily employment within each week. Include all part-time workers and corporate officers:

| Preceding Year | Week # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|----------------|--------|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 20__ | Week # | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Week # | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| | Week # | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Year | Week # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| | 20__ | Week # | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Week # | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| | Week # | | | | | | | | | | | | | | | | | | | | | | | | | | |

- F. Enter the TOTAL amount of gross wages paid each quarter of the two calendar years in the item above.

| Maine Payrolls | Calendar Quarter Ending March 31 | Calendar Quarter Ending June 30 | Calendar Quarter Ending September 30 | Calendar Quarter Ending December 31 |
|---------------------|----------------------------------|---------------------------------|--------------------------------------|-------------------------------------|
| Preceding Year 20__ | | | | |
| Current Year 20__ | | | | |

G. The undersigned, an employing unit under the Maine Employment Security Law, which has not met liability levels of employment, voluntarily elects under Section 1222(3)(A) to become a subject employer to provide unemployment insurance coverage for its workers effective January 1, 20____, and to continue to be subject to Maine Employment Security Law for not less than two (2) calendar years. Dated this _____, day of _____, 20____.

| | | |
|------|-----------|-------|
| Name | Signature | Title |
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Findings by the Maine Department of Labor:

Your application for Voluntary Election of Unemployment Insurance Coverage is:

[] APPROVED [] DENIED

Augusta, Maine (date)_____ Signed _____
Bureau Director, Unemployment Compensation

QUESTIONS?

Contact a Representative at (207) 621-5120; TTY Users Call Maine Relay 711,
Fax at (207) 287-3733, e-mail at division.uctax@Maine.gov