State of Illinois
Illinois Department of Employment Security
33 SOUTH STATE STREET
CHICAGO, ILLINOIS 60603

EMPLOYER ELECTION TO COVER MULTI-STATE WORKERS UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

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

RC-1A (Rev. 10/07)