WVUC-A-33

Rev. 2-09

# WORKFORCE WEST VIRGINIA

**UNEMPLOYMENT COMPENSATION DIVISION**

**CHARLESTON**

## VOLUNTARY ELECTION TO BECOME AN EMPLOYER UNDER THE WEST VIRGINIA UNEMPLOYMENT COMPENSATION LAW

1. BUSINESS NAME OF EMPLOYING UNIT \_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. BUSINESS ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. HOW LONG HAVE YOU BEEN IN BUSINESS IN WEST VIRGINIA? \_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. GIVE TOTAL NUMBER OF PERSONS EMPLOYED AS OF THIS WEEK \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. GIVE NUMBER OF WORKERS IN COVERED EMPLOYMENT ON PAYROLLS ENDING NEAREST THE FIFTEENTH OF EACH OF THE

LAST 12 MONTHS, BEGINNING WITH THE EARLIEST OF THE LAST TWELVE PRECEDING MONTHS:

1ST mo. 2nd mo. 3rd mo. 4th mo. 5th mo. 6th mo. 7th mo. 8th mo. 9th mo. 10th mo. 11th mo. 12th mo.

            \_\_     \_       \_\_      \_      \_     \_       \_     \_ \_      \_      \_     \_

6. DO YOU WISH TO EXTEND COVERAGE TO WORKERS NOT IN COVERED EMPLOYMENT? \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(YES) (NO)

IF SO, GIVE BELOW TYPE OR TYPES OF EXEMPT EMPLOYMENT, LOCATION OF ESTABLISHMENT, AND NUMBER ENGAGED IN

EACH SUCH EMPLOYMENT THIS WEEK. (Include all such workers in your service in the establishment or establishments to which you desire

to extend coverage, except members of your family.)

**TYPE OF EXEMPT EMPLOYMENT LOCATION OF ESTABLISHMENT NUMBER OF EMPLOYED**

\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE UNDERSIGNED, BEING AN EMPLOYING UNIT UNDER THE WEST VIRGINIA UNEMPLOYMENT COMPENSATION LAW, BUT

NOT BEING AN EMPLOYER SUBJECT THERETO, DOES HEREBY VOLUNTARILY ELECT, PURSUANT TO THE TERMS AND

PROVISIONS OF SECTION 3, ARTICLE V THEREOF, TO BECOME AN EMPLOYER LIABLE TO PAY CONTRIBUTIONS UNDER

THE WEST VIRGINIA UNEMPLOYMENT COMPENSATION LAW, TO THE SAME EXTENT AS ANY OTHER EMPLOYER, AND ALSO

(IF NO. 6 WAS ANSWERED “YES”) VOLUNTARILY ELECTS TO EXTEND THE APPLICATION OF THE LAW TO NON-COVERED

WORKERS, AND HEREBY MAKES APPLICATION FOR THE WRITTEN APPROVAL OF SUCH ELECTION BY THE COMMISSIONER

OF SAID DEPARTMENT.

DATE \_     \_\_\_\_\_\_ \_\_     \_\_\_\_\_\_ \_     \_\_\_\_\_\_\_\_

(month) (day) (year)

BUSINESS NAME      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_

EFFECTIVE JANUARY 1st, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMISSIONER