

DBA Name: _____ Account No: _____

Voluntary Election of Coverage for Excluded Employment

Check the types of non-covered employment you wish to cover:

- Corporate Officers Domestic _____
 Fishing Other (Specify) _____

Indicate the date you request coverage of excluded employment to be effective: _____

Signature and Title

Business Phone

If you represent a corporation and wish to have corporate officers covered,
all officers must be covered as a group

This agreement, when approved, is binding for a minimum of two full calendar years from the effective date of the coverage. Coverage continues in effect on a yearly basis until either you or the Agency terminates the agreement in writing before March 15 of the year for which the termination is requested. In the event your taxes become delinquent, the Agency reserves the right to cancel your Voluntary Coverage election effective the quarter the taxes become delinquent.



Additional Worksites (See instructions on Page 2, Item 11)
Second Worksite

Name (Doing Business As)				
Mailing Address	City	State	Zip	Business Phone
Physical Address	City	State	Zip	FAX Number
Describe (<i>IN DETAIL</i>) the major product sold or service you provide in Alaska			% Gross Alaska income from this activity:	Number of employees in Alaska:

Other Address Usage Information

Name of where **Rate Notices** should be Mailed to:

Mailing Address	City	State	Zip	Phone Number
				Fax Number

Name of where **Quarterly Report Forms** should be mailed to:

Mailing Address	City	State	Zip	Phone Number
				Fax Number