



Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division
Contributions Bureau
PO Box 6339
Helena, MT 59604-6339

**APPLICATION FOR VOLUNTARY
COVERAGE FOR
UNEMPLOYMENT INSURANCE**

Agency Use Only

UI Account No.

Business or Trade Name	Phone
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Address	City	State	Zip Code
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Type of Service Business Performs

If you had employment prior to this application, please complete the following:

YEAR	TOTAL WAGES	TOTAL EMPLOYEES
2018	\$	
2017	\$	
2016	\$	

If you have not had employment prior to this application, please complete the following:

ESTIMATED ANNUAL TOTAL WAGES	ESTIMATED NUMBER OF EMPLOYEES
\$	

We do hereby request coverage under the Montana Unemployment Insurance Law as provided under section 39-51-1102 as follows:
 “An employing unit not otherwise subject to this chapter or any employing unit for which services are performed that do not constitute employment as defined in this chapter may file with the department a written election that all services performed by individuals in its employ in one or more distinct establishments or places of business shall be deemed to constitute employment for all purposes of this chapter for not less than 2 calendar years. Upon written approval of such election by the department, such services shall be deemed to constitute employment subject to this chapter from and after the date stated in such approval. Such services shall cease to be deemed employment subject hereto as of January 1 of any calendar year subsequent to such 2 calendar years only if at least 30 days prior to such January 1 such employing unit has filed with the department a written notice to that effect.”

Date	Date of Application
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We request the coverage become effective:	
Applicant's Signature	Title

The above application for Voluntary Coverage has been <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Effective Date
By Unemployment Insurance Division of Montana	

Program Manager	Date Approved
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