

NORTH CAROLINA DEPARTMENT OF COMMERCE
DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE
Raleigh, North Carolina

REPORT ON 20 EMPLOYMENT

And

REQUEST FOR TERMINATION OF COVERAGE

EFFECTIVE JANUARY 1, 20

FOR AGENCY USE ONLY

Liabile By: () () Vol Election ____20____
() () Section 96-8 (5) _____
Application Examined By: _____
Date Terminated: _____20_____
Application Approved By: _____
Terminated Letter Mailed: _____20_____
Terminated Under NCGS 96-11()

On behalf of _____
(Business, household, farm, partnership, organization, etc.)

Account No. _____, I hereby request termination of Unemployment Insurance Coverage Under the laws of North Carolina as provided in NCGS 96-11.

I understand, as provided by statute, that my request must be approved by the Division and it is my responsibility to give personal notice of termination, if approved, to the employees involved. I acknowledge that if coverage was required by NCGS 96-8(5)a,

NCGS 96-8(5)b, NCGS 96-8(5)k or NCGS 96-8(5)e, this application must be submitted prior to the first day of March of the year for which termination is requested. If coverage was required by NCGS 96-8(5)n or NCGS 96-8(5)o, this application must be submitted by the first day of March of the year for which termination is requested. If coverage is required solely by NCGS 96-8(5)b, then the application for termination must be submitted within 60 days from the date of Division's notification of liability and the Division found that the predecessor had the right to make application under NCGS 96-11, but failed to do so. The application for termination upon reactivation must be submitted within 120 days from the date of the Division's notification of reactivation.

An application for termination must be submitted within 90 days from the date of the Division's notification of liability when the initial liability determination was for two calendar years or more.

The Division can only approve termination for any employing entity that did not meet the coverage requirement as provided in NCGS 96-8(5) and has the authority to request any reports, documents, and statements to verify, complete or collaborate any reports previously submitted by the employer.

I, the undersigned, swear (or affirm) that the statements contained herein are true and correct; that I am duly authorized to execute this affidavit on behalf of this employer; and that the application is made in good faith and in the belief that the applicant is entitled to termination of coverage in accordance with Section 96-11 of the Employment Security Law of North Carolina.

DATE _____20____

SIGNED _____

TITLE _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____ 20 _____