STATE OF RHODE ISLAND
Division of Taxation Employer Tax Section
ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829
Phone: (401) 574-8700 (Option 1)

APPLICATION FOR EXTENSION OF COVERAGE TO EXEMPT WORKERS

The undersigned hereby voluntarily requests extension of coverage under the Rhode Island Employment Security and Temporary Disability Insurance Acts to its workers who are presently in exempt employment under such acts and also to become an employer to the same extent as any other employer under these acts.

1. Name of firm_____
2. Business address_____
3. Type of business organization_____
4. Principal product or service_____
5. What is the type of employment for which extension of coverage is requested_____
   _____
6. How many employees will be covered_____
7. Do any of these employees protest this extension of coverage to them? Yes___ No___
   (If "Yes," explain)_____
   _____
8. Do any employees have a blood or family relationship to the employing unit? Yes___No___
   (If "Yes," explain)_____

Date:_____**Signature:**_____**Title:**_____

GENERAL INFORMATION

The Rhode Island Employment Security and Temporary Disability Acts provide that the Tax Administrator may in his discretion extend coverage to workers who are ordinarily exempt from such coverage.

In general, these exempt employments consist of: Domestic Service (If $1,000 or more is not paid in any calendar quarter), and services performed for Religious Organizations.

Extension of coverage, if approved, must be for a minimum of two calendar years.

Approval will not be extended to an individual in the employ of his son, daughter, or spouse, and service performed by a child under the age of eighteen in the employ of his father or mother.