Corporate Officer Exemption Notification

(As provided in RCW 50.04.165—Employment—Corporate Officers—Election of Coverage)

(Today's Date)

(Effective Date of Exemption) This is the date the corporation began its non-coverage of officers.

I/We, the following Corporate Officers acknowledge that:

(Name of Company) **(Employment Security ES Reference Number)**

does not cover its Corporate Officer(s) for Unemployment Insurance purposes and that the Corporate Officers understand they are not eligible for unemployment insurance benefits in the event of termination:

(Printed Name)	**(Corporate Title ie:Pres,VP,Sec,Treas)**	**(Social Security Number)**
(Signature)	**(Effective Date as a Corporate Officer. ie: start date as an officer)**	

(Printed Name)	**(Corporate Title ie:Pres,VP,Sec,Treas)**	**(Social Security Number)**
(Signature)	**(Effective Date as a Corporate Officer)**	

(Printed Name)	**(Corporate Title ie:Pres,VP,Sec,Treas)**	**(Social Security Number)**
(Signature)	**(Effective Date as a Corporate Officer)**	

(Printed Name)	**(Corporate Title ie:Pres,VP,Sec,Treas)**	**(Social Security Number)**
(Signature)	**(Effective Date as a Corporate Officer)**	

(Photocopy for additional pages of signatures, if necessary)

Please Return this Form by FAX to: **(360)902- 9660**

or Mail to: **Employment Security Department**
Attn: UI Tax & Wage Administration

PO Box 9046
Olympia WA 98507- 9046