FLORIDA DEPARTMENT OF REVENUE

**Employee Notice
for Reemployment Tax* Coverage
(Employer's Reciprocal Coverage Election)**

Employee's Name: _____   Social Security No.: ☐☐☐ – ☐☐ – ☐☐☐☐

Residence Address: _____

City, State ZIP: _____

Effective as of _____ 20_____, and until further notice, the Florida Reemployment Assistance Program Law will be the law which applies to all work you perform for the undersigned employer, in any or all of the following jurisdictions:

_____

_____

_____

_____

This will be true under an election duly filed by the undersigned employer and approved by the state of Florida, Department of Revenue, to which the other jurisdictions listed above duly consented.

If you become unemployed, you can file your reemployment assistance claim from any location in the state or nation through the Internet at **http://www.floridajobs.org/job-seekers-community-services.** If you have questions or need additional information concerning filing a claim for reemployment assistance benefits, you may call 1-800-204-2418.

Save this notice in case it is needed, if and when you file a claim for benefits.

Firm-Name of Employer: _____

Employer's Florida Reemployment Tax Account No.: ☐☐☐☐☐☐ – ☐

Date this notice is given or mailed to the employee: M M / D D / Y Y Y Y

The employer must complete at least two copies of this notice, and distribute them as follows:

1. One copy must be delivered (or mailed) to the employee.

2. One copy must be sent to the: **Florida Department of Revenue
   PO Box 6510
   Tallahassee FL 32314-6510**

I understand and agree to the above statements.

_____
(Signature of Employee)

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*Formerly Unemployment Tax

www.floridarevenue.com