

Corporate Officer Reinstatement Form

A corporation may elect to reinstate coverage for one or more corporate officer previously exempted pursuant to I.C. §72-1352A(6). Reinstatement requires the submission of this form by the corporation to the Idaho Department of Labor. All reinstatement requests received by the Idaho Department of Labor on or before December 15th shall become effective the first day of the calendar year following the end of the exemption's two year effective date. Coverage shall not be reinstated retroactively.

Business Name: _____ Business phone: _____
Employer Account Number: _____

Name of preparer/contact person: _____
Title: _____ Business phone: _____
Email: _____

Corporate officer being reinstated (Use separate form for each officer):

First name: _____ Last Name: _____
Social Security number: _____ Title: _____

I certify that I have read and understand the terms of reinstatement and that the effective date of reinstatement occurs after the exemption's two year effective date. I understand that coverage cannot be reinstated retroactively.

Signature of officer being reinstated

Date

Date reinstatement is to be effective _____ (Must be effective January 1 and submitted by December 15 of the last calendar year of exemption).

Fax this form to **208-334-6301** or mail to: Idaho Department of Labor, Compliance Bureau, 317 W. Main St., Boise ID 83735

Reinstatement is not valid unless the reinstatement forms are signed by the corporate officer to be reinstated and received by the Idaho Department of Labor. Forms must be received by December 15 to be effective for the following year. Forms lacking complete information cannot be processed. We will notify you after we act on the completed reinstatement form.