



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

RTS-6B R. 01/13 Rule 73B-10.037 Florida Administrative Code



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 https://www2.myflorida.com/apps/uc/fluid/. 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: MM/DD/YYYY

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)

*Formerly Unemployment Tax Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.