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**John Bel Edwards**, Governor  
**Ava Cates**, Secretary

**Office of Unemployment Insurance Administration**  
Tax Operations

**EMPLOYEE’S CONSENT TO COVERAGE UNDER THE  
LOUISIANA EMPLOYMENT SECURITY LAW**

\_\_\_\_\_  
Employee’s Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee’s Residence Address

**Inasmuch** as I customarily perform services for

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Address

in more than one State, I, the undersigned concur with my employer’s request that my services for the purpose of unemployment insurance be deemed to be performed entirely within the State of Louisiana to become effective as of \_\_\_\_\_, and hereby consent to such determination.

Once approved, this coverage is to remain in effect until such time as the conditions of my employment, with respect to where my services are performed, are substantially changed or the agreement is otherwise voided.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

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