



# OKLAHOMA

## Employment Security Commission

PO Box 52003  
Oklahoma City, Oklahoma 73105  
[employerunitfax@oesc.ok.gov](mailto:employerunitfax@oesc.ok.gov)

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### APPLICATION FOR ELECTION TO REIMBURSE

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Business name of employing unit \_\_\_\_\_

Address from which reports will be made \_\_\_\_\_

Type of organization: (Check)	Corporation	Public Trust	State Agency
	City	Town	Public School

If other, specify \_\_\_\_\_

Enter name of individual or officer authorized to bind the employer by contract:

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### CONTRACT TERMS

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A reimbursing employer is a self-insurer and is obligated by this election and contract to reimburse the Unemployment Compensation Fund dollar for dollar for benefits paid based on wages they reported. O.S. 40 § 3-806 provides that the full amount of regular and extended benefits to be reimbursed shall include all amounts so paid to former employees as benefits including amounts paid in error. The employer may be released from liability only if the overpaid benefits are recovered to the Unemployment Compensation Fund.

The undersigned hereby elects to pay the Unemployment Compensation Fund for the full amount of any regular unemployment benefits paid based on wages reported by this employing unit and one-half of extended benefits paid, except: any governmental organization as described in O.S. 40 § 1-210(3) will reimburse the Unemployment Compensation Fund for 100% of extended benefits attributable to governmental entities, after January 1, 1979, based on wages paid, in lieu of contribution rate. This election is in accordance with the authority granted under the Oklahoma Employment Security Act as amended in 1980. It is understood that in accordance with O.S. 40 § 3-803 of the Act. we must reimburse regardless of the reason for separation.

Election to be effective \_\_\_\_\_, for a period of not less than two (2) calendar years and thereafter until terminating by filing written notice terminating its election not later than the last day of January immediately following the beginning of the calendar year for which such termination shall first be elective or terminated by the Commission for cause.

\_\_\_\_\_  
Signature of Authorized Individual

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### FOR COMMISSION USE ONLY

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Approved by the Commission on \_\_\_\_\_

By: \_\_\_\_\_  
Supervisor of Status Determination

Account No. \_\_\_\_\_  
To be entered by Commission

**EQUAL OPPORTUNITY EMPLOYER/PROGRAM**  
AUXILIARY AIDS AND SERVICES ARE AVAILABLE  
UPON REQUEST TO INDIVIDUALS WITH DISABILITIES