



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
DIRECTOR

Notification of Partial Transfer of Business Additional Information Required

UIA Employer Account Number:

Mail Date:

On [mm/dd/yyyy], the Unemployment Insurance Agency (UIA) received notice that a portion of your business was transferred to:

As a result of this transfer, the transferee has been assigned a pro rata (proportional) share of your Experience Rating Account.

The percentage of transfer is based on the wages of employees whose services were performed in connection with the transferred portion of your business during the four (4) calendar quarters completed prior to the transfer date.

To ensure the correct amount of your Experience Rating Account transfer and to properly allocate any unemployment benefits which may currently be erroneously charged to your account, complete the back of this form and return it within 30 calendar days from the mail date shown above. If you do not respond timely to this request, a rate transfer determination will be made based on information available and may result in a no transfer of rating or benefit charges.

I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

Print Name

Title

Return the completed Form to: P.O. Box 8068, Royal Oak, MI 48068-8068, or fax 1-517-636-0014, within 30 calendar days from the mail date shown above.

