

EMPLOYER CHANGE REQUEST

Please type or use black ink and return to the above address. Instructions are on page 2. If you have any questions, call one of the above telephone numbers.

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| PRIOR INFORMATION | PART I—EMPLOYER INFORMATION. All information in Part I must be completed by the person making the change request. | | | |
| | Owner, Partners, or Corporate Name | | | Employer Account Number |
| | Trade Name | | | |
| | Street Address | City | State | ZIP Code |
| The form must be signed in Part IV ; if this form is not signed, it cannot be processed. | | | | |

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| NEW INFORMATION | PART II—CHANGE OF OWNERSHIP/TERMINATION OF BUSINESS OR EMPLOYMENT | | | |
| | Sole proprietorship or partnership incorporating are considered as new businesses. Change of ownership includes changing 50 percent or more in a partnership. | | | |
| | NOTE: Do not complete this form if you are only transferring corporate stock. | | | |
| | 1. Date of termination or change: ____/____/____. b. Date employer in Part I last paid wages: ____/____/____. 2. Did the employer in Part I have seasonal status with the Division? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Reason for change or termination: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> a. Business closed <input type="checkbox"/> b. No paid employees (Include corporate officers) <input type="checkbox"/> c. Consider workers to be contract labor <input type="checkbox"/> d. Sale of entire business (All locations) </div> <div style="width: 30%;"> <input type="checkbox"/> e. Partial sale of business (Contact the Department for information concerning partial transfer of experience rate to the buyer) <input type="checkbox"/> f. All employees being reported by employee leasing company or management company Name: _____ Account Number: _____ </div> <div style="width: 30%;"> <input type="checkbox"/> g. Incorporation <input type="checkbox"/> h. Merger <input type="checkbox"/> i. Other _____ </div> </div> 4. a. Will the employer in Part I continue to have employees in Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If boxes d, e, f, g, h, or i are checked above, the new employer listed below must complete Form UITL-100, Application for Unemployment Insurance Account and Determination of Employer Liability. 1. Name of new employer _____ 2. Trade name of new employer _____ 3. Address of new employer _____ c. If partial sale, were any employees transferred from the employer in Part I to the new employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , 1. How many employees were transferred? _____ 2. List the total number of employees in your entire business in each of your four pay periods preceding the date of sale. This includes all employees in the portion sold and all employees in the portion retained. _____ | | | |

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| REQUIRED INFORMATION | PART III—CHANGE OF NAME OR ADDRESS ONLY (Must also complete Part I with previous address) | | | |
| | If this is a change of address, this change is for: <input type="checkbox"/> Physical location address <input type="checkbox"/> Mailing address for ALL premium information <input type="checkbox"/> Mailing address for all benefits information <input type="checkbox"/> Trade name change | | | |
| | New Partner(s), Corporate Name (If a corporate name change, include a copy of the Certificate of Amendment) | | | |
| | New Trade Name | | | |
| | New In Care of Name (if applicable) | | | Telephone Number |
| New Street | City | State | ZIP Code | |

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| REQUIRED INFORMATION | PART IV—CERTIFICATION OF CHANGE | | |
| | I certify that I am authorized to make this report and the information is correct. | | |
| Signature | | | Date |
| Title | | | Telephone Number |

INSTRUCTIONS FOR COMPLETING THE EMPLOYER CHANGE REQUEST

Requirements for completing the form:

1. All information in **Part I** must be completed.
2. Complete **Part II** if there is a change in the business ownership or termination of business.
3. Complete **Part III** if there is a change in the mailing address.
4. **Part IV** must be signed for any change to be made.

NOTE: If there are distribution points assigned for the business, complete a separate form for each distribution point account number to be changed.

Instructions for completing this form:

PART I—EMPLOYER INFORMATION

1. Owner, partners, or corporate name—the entity (owner) name.
2. Account number—The Colorado unemployment insurance (UI) account number is required.
3. Trade name—The name the business is “doing business as.”
4. Street address, city, state, and ZIP code—The current mailing address of the business that is on record for Colorado UI purposes.

PART II—CHANGE OF OWNERSHIP/TERMINATION OF BUSINESS OR EMPLOYMENT

1. The date the business was sold or closed.
2. The date the last wages were paid to any employees by the employer in **Part I**.
3. Indicate if business in **Part I** was designated as a seasonal employer by UI Employer Services.
4. Check the reason
NOTE: If a change in the interest of a partnership is less than 50 percent, there will not be an entity change, only a name change (see **Part III**).
5. Complete for the sale of all or any part of the business, transfer of employees to an employee leasing/management company, incorporation, or merger.
 - Be sure to include the name and address of the new employer.
 - If this is a partial sale of the business, list how many employees were transferred to the new employer.
6. Form UITR-14, Application for Partial Transfer of Experience, must be filed within sixty (60) days after the notice of employer liability is mailed to the successor employer. A partial transfer of experience will be made if the criteria for a segregable unit as defined by the Colorado Employment Security Act 8-76-104 (5)(g) is met.

PART III—CHANGE OF NAME OR ADDRESS ONLY

NOTE: To make any address change, all information must be completed in **Part I**.

1. Mark the appropriate box or boxes to change the mailing address for UI information and/or UI benefits information. The address change cannot be made without this information.
2. New, partner(s), or corporate name change—If a partnership, print the names of all partners of the business, not just the changes. If a corporate name change, be sure to include a copy of the Certificate of Amendment from the Secretary of State.
3. Complete if there is a change, addition, or deletion of trade name.
4. Address—Include the complete mailing address for the business, not just the change.

PART IV—CERTIFICATION OF CHANGE

1. Signature—The signature of the person requesting the change to the UI account.
2. Title—The title of the person requesting the change to the account (e.g., owner, corporate secretary, or employer representative).
3. Phone—The phone number to call if any additional information is required.
4. Date—The date the form is completed.