



Close or Merge Employer Account

Employer ID: _____

Employer Name: _____

1) Reason employer account closing:

Entity going private, no longer a covered employer.

Entity merging into another covered employer (school district merger, combine employer accounts into one reporting entity, etc.)

Employer ID number of merging account: _____

Entity closing, ceasing existence.

Where will closing entity's records be stored after closing?

Organization name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact name at above entity: _____

Contact's phone number: _____

Other (explanation required): _____

2) Effective date to close employer account (if merging into another covered employer, recommend closing at the end of a reporting period):

3) Last date IPERS-covered wages will be paid and reported for employees of closing or merging employer: _____

4) Please attach all documentation that allows this employer account to merge or close. (EX: board minutes, documented voting process, and/or legal documentation.)

Requested by:

Signature: _____ Date: _____

Name (please print): _____

Title or position: _____