

**THIS POSTER MUST BE POSTED IN A CONSPICUOUS PLACE**

# **TO EMPLOYEES:**

**THIS EMPLOYER IS SUBJECT TO THE UNEMPLOYMENT  
COMPENSATION LAWS OF THE STATE OF NORTH DAKOTA**

**Employer Name:**

**Account #:**

**YOU MAY BE ELIGIBLE FOR UNEMPLOYMENT  
COMPENSATION BENEFITS IF YOU MEET THE  
ELIGIBILITY REQUIREMENTS**

**To file a claim for unemployment compensation benefits:**

**online: [www.jobsnd.com](http://www.jobsnd.com)  
click on the *UI ICE* logo**

**or call: 1-701-328-4995**

**or TTY: RELAY ND 1-800-366-6888 (for hearing impaired only)**

**The North Dakota Unemployment Compensation Law requires subject employers to post this notice near the location(s) where worker's services are performed. Employers are prohibited from posting this notice if they are not currently liable for coverage. NDCC 52-06-35 NDAC 27-02-04-01**



Job Service North Dakota  
Unemployment Insurance  
PO Box 5507  
Bismarck ND 58506-5507