

Withdrawal Request: Equivalent Plan Substitution

This form is used to withdraw a Minnesota Paid Leave Equivalent Plan Substitution Request. Once this form has been completed, please submit it by email to EmployerServices.DEED@state.mn.us.

Is your plan currently active:

Yes

No

Note: If your equivalent plan is already active, you must submit a Termination Request Form.

Company Information

Business name: _____

FEIN: _____ EAN (optional): _____

Confirmation

By signing below, I affirm that I am withdrawing the Equivalent Plan Substitution Request for the company named above, which was submitted on _____

I verify that I am a Paid Leave Administrator for this employer.

I confirm that I have the authority to proceed with this withdrawal.

Name: _____

Job Title: _____

Signature: _____

Date: _____