

Unemployment Insurance (UI)

Application Form



Organization Profile								
Organization Name								
Physical Address		City		State	Zip			
Contact	Title		Website	е				
Telephone	Fax		Ema	il				
Operations Profile								
Type of Entity □ 501c3 □ Government	Date Est.		When is your fisca	al year?				
Description of Applicant's Operation								
Current UI Funding ☐ Paying State Une Method: ☐ Reimbursing (self		State Acct. No.		FEIN				
If taxpaying:			If reimbursing:					
Have you paid unemployment taxes for at least two years?	□ Yes □ N	10	Check current mana ☐ Internal Staff ☐	-	nistrator □ Grou	ıp Program		
Are you currently in good standing with the state?	□ Yes □ N	lo	Current administrator/progra (if applicable):	m				
Employment Profile Please attach an additional sheet of paper, as needed, to more fully answer the following questions:								
Number of Full-time Employees	Number of Part	time Employe	es	Number of W-2s	from Prior Year			
 Do you anticipate any loss or reduction in or result in layoffs, and/or reduction in employed 				Yes [No 🗆		
If yes, please explain and include estimate of affected employees and date(s) of actio								
2. Do you anticipate any elimination or reduction organization that will result in layoffs, and/or next 12 months?				Yes □]	No 🗆		
If yes, what source and provide explanation number of affected employees and date(s)								
Do you anticipate any restructuring within your reduction in employees' hours or wages with the control of			n layoffs, and/or	Yes]	No 🗆		
If yes, please explain and include estimate of affected employees and date(s) of action								
4. Have you experienced any layoffs/staff red months?	uctions, other tha	n regular seas	onal during the last 1	2 Yes]	No 🗆		
If yes, please explain. Include number of a employees and the dates on which layoffs reductions took place.								
5. Do you anticipate an increase in the hiring of over the next 12 months?	of employees who	will be affecte	d by seasonal layoffs	S Yes 🗆		No 🗆		
If yes, please explain. Include number of e and date(s) of action.	employees							

Employment Profile cont'd								
6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt from unemployment?								
If yes, please explain. Include number of exempt employees and their term of employment.								
7. How many of your employees are seasonal and when is their seasonal break?8. How many of your employees are employed in a Head Start program and when is their term of employment?								
9. Please enter the following estimates:								
Gross Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual B	udget				
Current Year								
Prior Year One								
Prior Year Two								
Prior Year Three								
10. Approximately how many claims do you have annually?								
12. Estimated Wages for Calendar Year 2018:								
Funding Profile								
 1. What percentage of your annual payroll is attributable to the following funding sources: 2. Are there any upcoming funding issues, not previously mentioned on this application, specific to your organization or your sector that might affect your employment levels? 								
Federal Fundraising or Operations								
State Grants/Other (Please specify.)								
City/County								
How did you hear about us? □ Insurance Agency □ Nonprofit Association	□ Website/Search Engine	Please specify (i.e. A	Agency Name, Google,	Webinar, etc.):				
□ Advertisement □ Event	□ Other							
Signature The information provided on this application form has been confirmed by all necessary parties within this organization to be true, accurate, and complete to the best of our knowledge. We acknowledge that any misrepresentation will result in immediate cancellation of any service or coverage pursuant to the terms of this product for which this application is submitted.								
Signature (No electronic signatures, please.)	N	lame						
Date	Т	ïtle						

Fax back to: (312) 239-8368