

Unemployment Insurance (UI) Application Form



Organization Profile							
Organization Name							
Physical Address		City	Sta	te	Zip		
Contact	Title		Website				
Telephone	Fax		Email				
Operations Profile							
Type of Entity	☐ Tribe Date Es	.t.	When is your fi	scal year?	•		
Description of Applicant's Operation							
Current UI Funding Method: Paying State Unem Reimbursing (self-in		State ct. No.	F	EIN			
If taxpaying:		If reimbursin					
Have you paid unemployment taxes for at least two years?	🗌 Yes 🗌 No	_	t management methor		ator 🗌 Gro	up Pro	ogram
Are you currently in good standing with the state?	□ Yes □ No	Current admin (if applicable)	nistrator/program :				
Employment Profile Plea	se attach an additional	sheet of paper, as	needed, to more fully	answer th	he following o	questic	ons:
Number of Full-time Employees	Number of Part-time I	Employees	Number of	W-2s from	n Prior Year		
1. Do you anticipate any loss or reduction in ov layoffs, and/or reduction in employees' hours			will result in	Yes		No	
If yes, please explain and include estimated of affected employees and date(s) of action							
2. Do you anticipate any elimination or reduction that will result in layoffs, and/or reduction in elimination of the second sec	,	()) 0		Yes		No	
If yes, identify the source and provide an ex (include number of affected employees and action.)							
3. Do you anticipate any restructuring within yo reduction in employees' hours or wages with			nd/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 redu months?	ctions, other than regu	lar seasonal during	the last 12	Yes		No	
If yes, please explain. Include number of af employees and the dates on which layoffs o reductions took place.							
5. Do you anticipate an increase in the hiring of over the next 12 months?	employees who will be	e affected by seasor	nal layoffs	Yes		No	

Unemployment Insurance

Employment Profile cont'd

6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt Yes No

If yes, please explain. Include number of exempt employees and their term of employment.

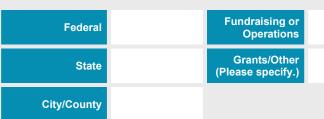
- 7. How many of your employees are seasonal and when is their term of employment?
- 8. How many of your employees are employed in a Head Start program and when is their term of employment?

9. Please enter the following estimates:

	Gross Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Operating Budget
Current YTD				
Prior Year One				
Prior Year Two				
Prior Year Three				
10. Approximately how many claims do you have annually?			ately how many of are protested?	
12. Estimated Wages	for Calendar Year 2023:			

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?

 How did you hear about us?
 Please specify (i.e. Agency Name, Google, Webinar, etc.):

 Insurance Agency
 Nonprofit Association
 Website/Search Engine

 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.)	Name
Signature (No electronic signatures, please.)	Name
Date	Title

Email back to: cpiazza@firstnonprofit.com