

Unemployment Insurance FREE EVALUATION



Organization Profile					
Organization Name					
Type of Entity <input type="checkbox"/> 501(c)3 <input type="checkbox"/> Government		Date Est.	Current Yr. Operating Budget \$		Projected Upcoming Yr. Budget \$
Address of Business Operation			City		State
Telephone		Fax		E-mail	
Website					
Description of Applicant's Operation					
Number of Full-time Employees		Number of Part-time Employees		Number of W-2s from Prior Years	
Contact Name			Title		
Unemployment Compensation Profile					
Please attach an additional sheet of paper, as needed, to answer the following questions:					
Current Funding Method <input type="checkbox"/> Paying State Unemployment Tax <input type="checkbox"/> Reimbursing			SUI Account No.		FEIN
If taxpaying, have you paid unemployment taxes for at least two years?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If reimbursing, current management method: <input type="checkbox"/> Internal Staff <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Group Program			If managed externally, please identify your current administrator/program		
Do you anticipate any loss or reduction in revenue or revenue sources within your organization within the next 12 months? If yes, please explain. <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you anticipate any restructuring within your organization within the next 12 months? If yes, please explain. <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you have any regular seasonal layoffs? If yes, please state number affected and dates <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you anticipate an increase or any other changes in the hiring or re-hiring of employees who will be affected by seasonal layoffs? If yes, please explain. <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have you experienced any layoffs, staff reductions or reductions in workdays or hours, other than regular seasonal during the last 12 months? If yes, please explain. Include number of affected employees and the dates on which layoffs or staff reductions took place. <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you anticipate any layoffs, position eliminations, or reduction in staff workdays or hours over the next 12 months? If yes, please provide estimated number of affected employees and date(s) of action. <input type="checkbox"/> No <input type="checkbox"/> Yes					
What percentage of your funding is attributable to a Head Start program?					
Approximately how many claims do you have annually?			Approximately how many of these claims are protested?		
Please enter the following information:					
Year	Calendar Year Gross Payroll		SUI Benefit Charges (Claims Paid)		Unemployment Tax Rate, if Applicable
2007					
2008					
2009					
2010 (est)					

Tax paying employers: please provide copies of your four most recent State Unemployment Tax Rate Notices

Reimbursing employers: please provide copies of your 2007-2009 Benefit Charge Statements

All employers: please provide documentation to support Gross Annual Payroll above

The information provided on this application form is true, accurate, and complete to the best of my knowledge. I 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

Name

Date

Title

**Fax to: First Nonprofit Companies
312.239.8368**

1 South Wacker Drive, Suite 2380
Chicago, Illinois 60606
800.526.4352 ext. 7729

**TEMPORARY AUTHORIZATION FOR
UNEMPLOYMENT EVALUATION**

To Whom It May Concern:

We have requested that First Nonprofit Companies obtain a record of our unemployment compensation profile. We hereby authorize First Nonprofit Companies to review our

2007, 2008, 2009 and 2010 Benefit Charges, Wages and Taxable Wages and to discuss this data with proper officials of the state unemployment agency. Please release all pertinent information to them pursuant to this matter.

**THIS FORM SHOULD NOT BE USED TO CHANGE
THE CURRENT ADDRESS OF RECORD**

Your cooperation is appreciated.

Organization: _____

Address: _____

State Account No: _____

FEIN: _____

Authorized by: _____

Title: _____

Date: _____