

# 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	Zip
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
2006			
2007			
2008			
2009 (est)			

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

**Reimbursing employers:** please provide copies of your eight most recent 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Fax to: First Nonprofit Companies  
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