Could you be overlooking a unique savings opportunity?

First Nonprofit provides cost-saving and *safe* unemployment insurance programs to over 2,000 501c3 nonprofit, government and tribal entities.



312.728.9966 emedina@firstnonprofit.com www.firstnonprofit.com



SAVE on state unemployment tax costs (SUTA)

The average state unemployment tax cost has *increased by nearly 40%* since 2008; an increase of \$66 per employee.



SAVE on pooled costs

There are *no pooled losses or* shared expenses found in State Tax or Trust programs. All First Nonprofit fees are based exclusively on your own unemployment experience and employmentprofile.

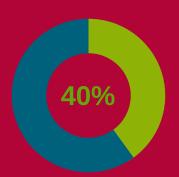


SAVE on unemployment claims

Claims validation, representation at all unemployment appeal hearings, audit of benefit charges and advice; including seminars on the unemployment processes is included with First Nonprofit programs.





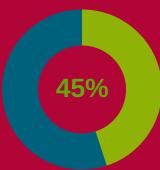


Provider of a variety of social services 163 Employees

State Unemployment Tax: \$63,844

First Nonprofit: \$38,000

Savings: \$25,844

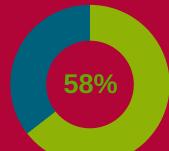


Children's Services 87 Employees

State Unemployment Tax: \$16,438

First Nonprofit: \$8,973

Savings: \$7,465



Health Services 1,056 Employees

State Unemployment Tax: \$319,233

First Nonprofit: \$135,000

Savings: \$184,233

FIRST NONPROFIT

First Nonprofit programs are available in all 50 states.

Complete and return this form* to Elizabeth Medina at emedina@firstnonprofit.com to find out how much you can save too!

Organization Name							
Type of Entity (circle one)	501c3	Government	Tribal	Current Unemployment Method (select o	one) Paying SUTA	Reimbursing	
Telephone				Email			
# of Full-time Employees		# of F	Part-Time	Employees Estimate	Estimated 2018 Calendar Year Gross Wages		

Contact Name Title

^{*} Please return along with copies of your 2016, 2017 and 2018 Unemployment Tax Rate Notices or complete the attached Temporary Authorization Form & email to: emedina@firstnonprofit.com

TEMPORARY AUTHORIZATION FOR

UNEMPLOYMENT EVALUATION

To Whom It May Concern:

We have requested that First Nonprofit obtain a record of our unemployment compensation profile. We hereby authorize First Nonprofit to review our 2015, 2016, 2017 and 2018 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:		
Address.		
State Account No:	FEIN:	
Authorized by:		
Title:		
Date:		