



# Unemployment Insurance (UI) Application Form



## Organization Profile

Organization Name						
Physical Address		City		State		Zip
Contact		Title		Website		
Telephone		Fax		Email		

## Operations Profile

Type of Entity	<input type="checkbox"/> 501c3	<input type="checkbox"/> Government	Date Est.		When is your fiscal year?	
Description of Application's Operation						
Current UI Funding Method:	<input type="checkbox"/> Paying State Unemployment Tax	State Acct. No.		FEIN		
	<input type="checkbox"/> Reimbursing (self-insured)					
<b>If taxpaying:</b>	Have you paid unemployment taxes for at least two years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Are you currently in good standing with the state?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If reimbursing:</b>	Check current management method:					
	<input type="checkbox"/> Internal Staff <input type="checkbox"/> Third Part Administrator <input type="checkbox"/> Group Program					
	Current administrator/program (if applicable):					

## 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 Employees		Number of W-2s from Prior Years	
1. Do you anticipate any loss or reduction in overall revenue within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please explain and include estimated number of affected employees and date(s) of action.					
2. Do you anticipate any elimination or reduction of any revenue source(s) within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, what source and provide explanation (include number of affected employees and date(s) of action).					
3. Do you anticipate any restructuring within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please explain and include estimated number of affected employees and date(s) of action.					
4. Have you experienced any layoffs/staff reductions, other than regular seasonal during the last 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please explain. Include number of affected employees and the dates on which layoffs or staff reductions took place.					
5. Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs over the next 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please explain. Include number of employees and date(s) of action.					

## Employment Profile *cont'd*

6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt from unemployment?

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 seasonal term?

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:

10. Approximately how many claims do you have annually?

Year	Gross payroll	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Budget
2008				
2009				
2010				
2011 (est.)				

11. Approximately how many of those claims are protested?

**Taxpaying employers:** Submit copies of the following along:

- Two most recent UC-657 ("PA Unemployment Compensation Rate Notice") forms
- 12 most recent UC-640 ("Monthly Notice of Compensation Charged") forms

**Reimbursing employers:** Submit copies of 2009 thru most current monthly UC-150 ("Notice of Reimbursable Employers Compensation") forms

**All employers:** Please provide copies of your four most recent wage report (summary page only)

## 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?

- Allied Insurance   
  Nonprofit Association   
  Website/Search Engine  
 Advertisement   
  Event   
  Other

Please specify (such as Google, Webinar, etc.):

## 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

Date

Title