

# State Unemployment Insurance (SUI)



First Nonprofit Group  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

## State Unemployment Insurance (SUI) application form

### Organization Profile

Name of organization: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Operations Profile

Type of entity:  501c3  Government Date est. \_\_\_\_\_ When is your fiscal year? \_\_\_\_\_

Description of applicant's operation:

**Current SUI Funding method:**  Paying State Unemployment Tax  Reimbursing (self-insured)

State account number: \_\_\_\_\_ FEIN number: \_\_\_\_\_

#### If taxpaying:

Have you paid unemployment taxes for at least two (2) years?  Yes  No

Are you currently in good standing with the state?  Yes  No

#### If reimbursing:

Check current management method:  
 Internal staff  Third party administrator  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  No

If yes, please explain and include estimated number of affected employees and date(s) of action.

2. Do you anticipate any loss 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  No

If yes, what source and provide explanation (include number of affected employees and date(s) of action).

## Employment Profile continued

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  No

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  No

If yes, please explain. Include number of affected employees and 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  No

If yes, please explain. Include number of affected employees and date(s) of action.

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:

Year	Gross payroll	UI Benefit charges (claims paid)	Annual Budget
2013			
2014			
2015			
2016 (est.)			

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

**Tax paying employers: Please submit copies of the following along with this application**

- Three most recent unemployment tax rate notices
- Four most recent unemployment benefit charge notice forms

**Reimbursing employers: Please submit copies of your 12 most recent benefit charge forms**

10. Approximately how many claims do you have annually? \_\_\_\_\_

11. Approximately how many of those claims are protested? \_\_\_\_\_

## Funding Profile

1. What percentage of your annual payroll is attributable to the following funding sources:

Federal	State	City / County	Fundraising or operations	Grants / Other (Please specify)

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?

- Insurance Agency
- 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

**Please fax back to:  
312.239.8368**

**For any questions, please call 800.526.4352, ext. 398388**