# 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 ○ 501c3 ○ Government ○ Tribe  Date Est.  When is your fiscal year?

Description of Applicant's Operation

**Current UI Funding Method:** ○ **Paying State Unemployment Tax** ○ **Reimbursing (self-insured)**  State Acct. No.  FEIN

**If taxpaying:**

Have you paid unemployment taxes for at least two 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 Year

**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 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 ○ No ○

If yes, identify the source and provide an 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 ○ 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 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 ○ No ○

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 term of employment?

**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:

| | Gross Wages | UI Benefit Charges (claims paid) | UI Tax Rate (if applicable) | Annual Operating Budget |
|---|---|---|---|---|
| **Current YTD** | | | | |
| **Prior Year One** | | | | |
| **Prior Year Two** | | | | |
| **Prior Year Three** | | | | |

**10.** Approximately how many claims do you have annually?

**11.** Approximately how many of those claims are protested?

**12.** Estimated Wages for Calendar Year 2024:

## Funding Profile

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

| | | | |
|---|---|---|---|
| **Federal** | | **Fundraising or Operations** | |
| **State** | | **Grants/Other (Please specify.)** | |
| **City/County** | | | |

**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 (i.e. Agency Name, Google, Webinar, etc.):

Pennsylvania Association for Nonprofits

## 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