



Montana Nonprofit Association

Unemployment Insurance (UI) Application Form



First Nonprofit Group
An AmTrust Financial Company

Organization Profile

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

Operations Profile

Type of Entity 501c3 Government 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 Part 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 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, 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 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 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	
2013					
2014					
2015					
2016 (est.)					

11. Approximately how many of those claims are protested?

All employers: Please submit copies of your four 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

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?

- Nonprofit Association - MNA 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

**TEMPORARY AUTHORIZATION FOR
UNEMPLOYMENT EVALUATION**

To Whom It May Concern:

We have requested that First Nonprofit Companies obtain a record of our unemployment compensation profile. We hereby authorize First Nonprofit Companies to review our

2012, 2013, 2014 and 2015 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: _____

State Account No: _____

FEIN: _____

Authorized by: _____

Title: _____

Date: _____