



**Return completed Application to:
 Trina Herbst – trina.herbst@tasb.org
 or mail to the address listed above.**

**TASB RISK MANAGEMENT FUND
 UNEMPLOYMENT COMPENSATION APPLICATION**

Public Entity: _____	County: _____
Mailing Address: _____	City/Zip: _____
Street Address: _____	City/Zip: _____
Phone Number: _____	Fax No.: _____
Proposal Due Date: _____	Proposed Effective Date: _____
Board Approval Date: _____	
Contact Person: _____	Title: _____
CD Number: _____	TWC Number: _____

Please check the type of quote desired: Pool _____ Self-Reimbursing _____ Both _____

Do you anticipate any reduction in your entity's workforce?

If yes, please explain: _____

Authorization

To: **Texas Workforce Commission
 15th and Congress
 Austin, Texas 78778
 Fax: 512-475-1221**

This is our authorization for the Texas Workforce Commission to furnish our unemployment compensation benefit / chargeback and wage information for the years 1Q 2006 through 1Q2011 to the Texas Association of School Boards Risk Management Fund by facsimile at 512-467-3645. This authorization signature is provided to ensure an accurate unemployment compensation program quote and is non-binding for any other purpose.

Signature: _____ Date: _____

For Texas Workforce Commission Use Only

Wages:	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total
2011					
2010					
2009					
2008					
2007					
2006					
Claims paid out:	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total
2011					
2010					
2009					
2008					
2007					
2006					