



Presents
KY-SPIN's COVID-19 Updates
Webinar - Unemployment 5/5/2020

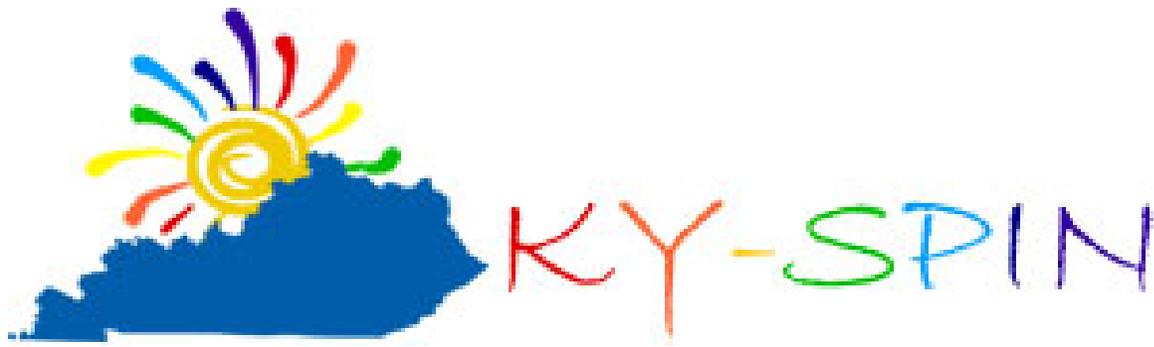
KY-SPIN

(Special Parent Involvement Network)

Parent Training & Information (PTI)

Center

Funded by the U.S. Dept. of Education under IDEA since 1988 when Kentucky first received a PTI. KY-SPIN Parent Center provides training, information and support for children and youth with all types of disabilities (birth through 26 years old), their parents, families, and professionals.



We do NOT:
Act as Attorneys

We DO:



- ♥ Empower Families to Effectively Advocate for their Children
- ♥ Provide peer support to help families access needed information and resources
- ♥ Lend a listening ear



“The key to success for all our children during this unprecedented time is to work in partnership as we all go down this uncharted territory together!”

Rhonda Logsdon, KY-SPIN

Welcome to our Guest Speaker Natalie Haden.....

Natalie Haden is a Workforce Development Specialist II for the Education and Workforce Development Cabinet. She is in the Unemployment and Benefits Department.

Thank you for joining us today Natalie!



How to File an Unemployment Claim

A Step-by-Step Guide



Step One: Create a KY Unemployment Online Profile

- ▶ Go to www.kcc.ky.gov
- ▶ Click on Unemployment Services and select File or Access your Claim.

Next, you will be viewing our Unemployment Insurance Claims System page. It will show you when our system is available, what services it provides and what our internet requirements are. Please read through all of this information and then go to the bottom and select “I agree”

- ▶ Click on New User
- ▶ Put in your Legal First and Last name. Your middle initial is optional.
- ▶ Your email (our office sends out a lot of electronic documents so please be sure to put in a good email)

Step One:

Create a KY Unemployment Online Profile

- ▶ Next you are going to be creating your 4 digit pin. This is a Pin that you create. Our office will never create a Pin for you.
- ▶ Then you are going to be choosing a security question.
 - ▶ 1. What is the name of your favorite pets name?
 - ▶ 2. In what city were you born?
 - ▶ 3. What is your mothers maiden name
 - ▶ 4. what is your grandmothers maiden name?

Click on Next at the bottom and then put in your current address. Keep in mind even if you put in a forwarding of address at the post office, state mail can not be forwarded. It will come back to our office as undeliverable so please be sure to put in your correct address or update your address after you have moved by going to Profile Update on your online profile at any time.
At the end of this page, click on Next

To begin the process of creating
your online account you need to go
to:

www.kcc.ky.gov



Step 1: Creating an account

NOTE: If you need a different language, our office has 108 languages you can choose from.

COVID-19 Alert - For the latest information on the novel coronavirus in Kentucky, please visit kycovid19.ky.gov

Ky.gov An Official Website of the Commonwealth of Kentucky



Click on Unemployment Services

1

Unemployment Services - Veterans Express - Vocational Rehabilitation - Citizen Connect -

Home | Office Locations | Contact

Select Language | ▼

Click on File or Access your claim

2

Overview
What You Need To Know
Employers Who Have Filed E-Claim
File or Access Your Claim
If you are Unemployed
If you are an Employer
Make a Payment
UI Fraud
Identity Theft Tips

Note: Our system is not compatible with Safari at this time. Please use Chrome, Firefox or Internet Explorer

On the next screen you will be viewing the Unemployment Insurance Claims system page. This page will show you when this service is available, what services are provided and the internet browsers that are supported with our system. Please read and then click on "I agree" at the bottom of the page.

I have read and understand all of the above information. I wish to continue with the Internet claim filing process. I understand I must complete the process and receive a confirmation number in order for my claim to be filed. Under penalty of fraud all information I provide is true and accurate to the best of my knowledge.

3

I Agree

Creating a profile

You are about to enter a secure area of this web site. Please enter your user Identification (Social Security Number) and PIN (4 numeric characters)

If you are a new user, you can register to use this site by clicking the New User link below.

User Login

User Identification (Social Security Number) no dashes or spaces:★

PIN (4 Digit Numeric PIN):★

Submit

[*Forgot your PIN?](#)

[*New User](#)

Click on New User if you have never filed a KY Unemployment Claim before



If you have ever had a claim in KY since 2002 our records will still have your information. If you have ever filed a claim in KY please log in. Our system will tell you if there is an existing account. If you had an account between 2002 to early 2009 you will not have a security question. You will be required to turn in documentation; Your drivers license, Social Security Card, a letter to your address in your name and a good phone number to contact us back at. You will need to turn that in to:

uiassistance@ky.gov

or

Fax to 502-564-0065.

You can also call our office and speak to a representative to turn in your documents via email. We will be sending it to a representative to reset your PIN.

An Existing account

You are about to enter a secure area of this web site. Please enter your user Identification (Social Security Number) and PIN (4 numeric characters)

If you are a new user, you can register to use this site by clicking the New User link below.

User Login

User Identification (Social Security Number) no dashes or spaces:★

PIN (4 Digit Numeric PIN):★

Submit

[*Forgot your PIN?](#)

[*New User](#)

Forgot PIN? Click here to answer security questions if you had a claim before after 2009.



Registration Information

Please complete fields below. Required fields are indicated with an asterisk *

* First Name:

Middle Initial:

* Last Name:

* Email Address:

* User Identification (Social Security Number) no dashes or spaces, example 111003333:

* Reenter User Identification (Social Security Number):

* Enter 4 digit numeric PIN:

* Reenter 4 digit numeric PIN:

A Security Question & Answer must be established in the event you forget your PIN

* Security Question :

* Answer to Security Question :

Cancel

Next

Please be sure to put in your Legal First and Last Name. A Middle Initial is not needed but helps staff find your claim easier. Please add it if you'd like.

Next please enter in a valid email. Please be sure that you can access that email BEFORE you put it in our system. We sent out a lot of electronic documents if you are missing payments so please be sure to add a good email.

Now you are going to be entering in your SSN. Please be sure to check it two or three times before continuing. It will cause errors and delays in payment if you enter in the wrong SSN.

Pick a PIN that you will remember. Please be sure to not give your PIN to anyone else and now pick a security question. The answer will be case sensitive.

Then click on Next!

Personal Address

You are required to answer all data fields on this screen marked with an asterisk *

* Is mailing address PO Box

* Mailing Address

* City

* State

* County

* Zip [[Click here to find Zip Code](#)]

* Email Address

Please be sure to put your correct address. Our office will be sending you very important documents to your address listed. Even if you put in a forwarding of address at the post office, state mail will never be forwarded to your new address and will come back to our office as undeliverable. This will cause issues with payments if our office requires you to fill out a particular form mailed to you OR if our office requests you turn in specific documents, if you do not put in a correct address, it will cause issues. Keep in mind at any time, you will be able to update your demographics under profile update when you log in to your account at any time. Hit Next at the bottom to continue and your profile will be automatically created!

Your account should look like this. Now click on file a claim!

Welcome **JANE DOE!** Not JANE DOE, please log out

Today is **Tuesday, April 28, 2020.**

Unemployment Insurance (UI) is a program that provides benefits to insured and eligible persons who are out of work through no fault of their own and is financed by an employer tax. This is an application for unemployment insurance benefits. Intentionally submitting false information is a criminal act and will be prosecuted.

Unemployment Insurance Benefits are now payable by either direct deposit or debit card. Debit Cards, when ordered, will arrive within 7 days. For your convenience paper checks will no longer be issued.

Claimants Laid-off Due to COVID-19

All claimants who have qualified for unemployment insurance (UI) benefits, can request bi-weekly benefit payments by calling 877-369-5984 or online by going to kcc.ky.gov.

For claimants who were laid-off because of COVID-19 and whose last day of work was March 6, 2020, or after, the first benefit request will be done automatically for you. Also, you are not required to do a weekly search for another job.

My Account



PAYMENT REQUEST

To request benefits and complete your eligibility review (Mon - Fri : 7:00 AM until 7:00 PM and Sunday from 10:00 AM until 9:00 PM EST)



Payment Method

Update your payment method to direct deposit or debit card. Debit Cards, when ordered, will arrive within 7 days.



File a Claim

To file an initial claim or reopen an existing claim (24 X 7)



Account Summary

Current unemployment insurance claim information including balance, benefit amounts, overpayments and your downloadable 1099 Tax document.



Document Upload

Submit requested documentation for the Processing of your unemployment insurance claim.

Notice: If you served in the Armed Forces, worked for the Federal Government or Postal Service you will be required to submit your separation form (SFR/SF50) or DD214 **Member 4.**

Getting Started filing a claim

YOU ARE RESPONSIBLE FOR THE ACCURACY OF ALL YOUR ANSWERS

To File Your Kentucky Unemployment Claim You Will Need*:

Personal Information

- Your correct Social Security Number
- Your Date of Birth
- Your complete Mailing Address, including the zip code!
- Your Phone Number
- If **NOT** a US Citizen, your Alien Registration number

Employer(s) information for the last 18 months

- Business/Company Name
- Business/Company complete mailing address, including zip code!
- Business/Company phone number
- Dates of employment
- Reason you are no longer working for **EACH** employer
- Prior year tax filing information, if self-employed or a 1099 employee

Other Information You May Need

- ★ If you worked in a state(s) other than Kentucky, in the past 18 months a list of the states in which you worked.
- ★ If you worked for a Temporary Agency, provide the name and address of the Temporary Agency, **NOT** the company where you worked.
- If you worked for the Federal Government you will need to know the Agency name AND the Component Name, you may later be asked to provide a copy of the Standard Form 8 (SF8).
- If you were in the U S Military, you will need to provide a copy of your DD214 member 4 at a later date.
- If you worked through a skilled trade union list the contractor for whom you worked. **NOT** the union.

*If you do not have this information available, log off and gather this information before continuing.

The filing process takes 30 minutes, on average, to complete. Please allow enough time to complete the process. At the completion of your claim you will receive a Confirmation Page. If you do not see a Confirmation Page your claim will not be processed.

You are responsible for reading the Rights and Responsibility section on this site.

This process will take about 30 minutes. Please make sure to have all the required information shown on the front page before you continue. Our screens will time out after 10 minutes on each screen.

Example: You worked for Kelly Services and you are contracted at Toyota. You would list Kelly Services as your employer.

NOTE: Only submit one claim. Filing an additional claim on top of a claim that you just filed will cause issues with payment! At the end you will be receiving a confirmation number once it is submitted.

Base Period & Benefit Year Dates

Base Period Dates

Start: 1/1/2019

End: 12/31/2019

Benefit Year

Effective: 4/26/2020

Expires: 4/24/2021

Your claim for unemployment insurance is effective the Sunday of the week in which you complete your claim. The Effective Date is the date that your claim for Unemployment benefits officially begins.

The BYE date is the date your benefit year ends, usually 52 weeks following the effective date of your claim. You will receive notice of the weekly amount of your claim and the maximum amount of money you can receive. This amount is only applicable until the BYE.

Your Base Period is the first four of the last five completed calendar quarters immediately prior to the quarter in which you file your claim. The base period beginning date is the start of the 12 month period, and the base period ending date is the end of that 12 month period. Your earnings during this 12 month period will determine your weekly benefit rate.

If the Effective Date of Your Claim is

January through March

April through June

July through September

October through December

The Base Period is

October 1 to September 30

January 1 to December 31

April 1 to March 31

July 1 to June 30

Legally, we have to allow employers 6 months to report their W2 employees wages to Kentucky. Note: If a company has their central office in another state, please be sure to call into our office at 502-564-2900 to determine where your wages are reported.

Companies can decide what state they report your wages to. If you have wages outside of state, you will need to report the state you worked within the base period wages as show above. Our system will automatically request your wages from another state once submitted. Getting the wages from another state can take up to 4 weeks depending on the state. If you worked in another state and listed it in your claim, you may receive a determination showing you do not have enough wages. Please, do not worry, allow our office time to get the wages we requested. You **MUST** have wages in KY during the base period wages to sustain a valid claim in KY.

Existing claim in another state

You are required to answer all data fields on this screen marked with an asterisk *

* In the past 12 months (52 weeks) did you file, receive or apply for unemployment insurance in a state **other than Kentucky**?

(Exception: If you filed, received and exhausted benefits from another state, even though it hasn't been a year since you filed, you should answer this question "no".)

If you have ever filed an additional claim in another state within 52 weeks, you can only have one claim at a time. It can cause issues if you have already filed a claim in another state and then filed a claim in KY. Please call our office for assistance if this situation has occurred! If you already have a preexisting claim with benefits still available in the other state, you will have to file a claim with the other state. If you have exhausted your claim in that state and you have earnings in KY within the Base Period Wages then you will be able to possibly draw. It will be determined based on your earnings in KY during the base period wages shown in the previous slide.

Monetary Determination **Invalid Claim**

This is to notify you that you have insufficient base period wages to establish a claim for unemployment insurance benefits. Consequently, your claim for benefits from the state of Kentucky must be denied because either you have less than \$1500.00 in wages in the high quarter (the quarter in which your wages were highest) of your base period; your total base period wages are less than one and one-half (1.5) times the high quarter; your total wages outside the quarter are not at least \$1500.00; your wages in the last two quarters are not at least 8 times your weekly benefit rate; or you do not have wages earned in Kentucky in the current base period to combine with wages from another state(s) to qualify for a Combined Wage Claim.

If this does not show all of your base period wages, you may file for a reconsideration. Call the UI assistance line at 502-564-2900, for instructions if you want to file for reconsideration. If you are an interstate claimant, please contact the interstate office at 502-564-2384.

Monetary Determination **Valid Claim**

This is to notify you that you have sufficient base period wages to establish a claim for unemployment insurance benefits. If you meet all the qualifications, you will be eligible for \$ per week with total benefits of \$. Any unemployment compensation you receive is fully taxable. Tax withholding on unemployment insurance benefits is optional. If you elected not to have taxes withheld, it may be necessary for you to make estimated tax payments; see Internal Revenue Service publication 505.

You will be furnished a statement, form 1099-G, at the end of next January, reporting benefits paid to you. The Internal Revenue Service will be given the same information. Benefits paid on interstate claims will be reported by the paying state.

If you have had a prior claim existing in another state you will see this:

Error



If you filed a claim in the last 12 months and a balance is remaining, in a state other than Kentucky, you must file a claim with that state. If disqualified, contact that state to determine the requirements for lifting the disqualification.

To access contact information for another state [click here](#).

To review your responses, please press 'Back' button. However, if you feel you have received this message in error, contact the Kentucky Office of Unemployment Insurance at (502) 564-2900.

Please be sure to read everything very carefully beyond this point. Do not rush and any lengthy responses you have, please have a word document open and copy and paste any answers if it takes you longer than 10 minutes on each page. It will make you log out and log back in. Some information could be lost on the page that you were working on. This is why I'm advising you to do this to make your experience better while trying to file a claim. Additionally, sometimes our system may go down from time to time. It makes life easier if you have your answers ready when you get back into the system!

Common Issues Highlighted

Claim Information

You are required to answer all data fields on this screen marked with an asterisk *

You have to work in KY in the base period shown to have a claim

For your wages to be requested outside of state please answer Yes. If you did not list a state, you can call into our office

COVID-19 is not a Natural Disaster.
Natural Disasters fall under:
Tornado
Flooding
Fire
Hail Damage
Lightning Strikes
Earthquake Etc.

Please make sure you are honest with this answer. If you live in a different state you can draw unemployment benefits if found qualified. Outside of COVID-19 circumstances you would be required to register for work in the state that you live in. If you answer yes, please be sure to list your correct address.

* Did you work in Kentucky during the base period (01/01/2019 - 12/31/2019)?

(Note: This includes W2, 1099 and self employment)

* Did you work in a state OTHER than Kentucky during the base period (01/01/2019 - 12/31/2019)?

(Exception: If your work in another state has been for the Military, please answer the question "no".)

(Exception: If you wish your claim to be established only on your Kentucky wages, please answer the question "no".)

* Are you unemployed as a result of a natural disaster?

* Have you served in the Armed Forces between the dates of 01/01/2019 - 12/31/2019?

* Have you worked for the federal government or US postal service between the dates of 01/01/2019 - 12/31/2019?

* While filing this claim, are you in Kentucky?

Personal Information

You are required to answer all data fields on this screen marked with an asterisk *

* If your name has changed since you last filed an unemployment claim and you live in Kentucky, please FAX (502-564-0065) a copy of the documentation giving the reason for the name change (such as divorce decree, marriage license, or court order, etc.) and a copy of a photo ID OR FAX a copy of a Social Security Card with the new name and a copy of a photo ID.

* If you live out of state please FAX (502-564-5412) a copy of the documentation giving the reason for the name change (such as divorce decree, marriage license, or court order, etc.) and a copy of a photo ID OR FAX a copy of a Social Security Card with the new name and a copy of a photo ID.

* First Name JANE
* Last Name DOE
* Gender
* Birth Date (mm/dd/yyyy)
*Phone Number (Example 3213213214)
Ethnic Group
Race
* Are you a US Citizen?
Do you have a disability?
If you worked under any other name, please enter

If you are not a US Citizen you will be required to turn in the front and back of your Immigration Card and other ID's. Our office will send you a letter

Please be honest with your answer.

Please list any other name you have used. This will allow our office to look for your wages that have been reported, could be missing possibly and work on name mismatch issues.

Payment Method



You are required to answer all fields on this screen marked with an asterisk *

Please choose a payment method from the drop-down box below

* Payment Method

Bank Of America Debit Card Option: Kentucky Unemployment Insurance Debit Card Fee Disclosure and other Important Disclosures*

You do not have to receive your payments on this benefits card. Ask the Office of Unemployment Insurance about other ways to receive your benefits. Please call 502-564-2387.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$1.25** out-of-network	N/A
ATM balance inquiry			\$0
Customer service			\$0
Inactivity			\$0
We charge 5 other types of fees. Here are some of them:			
Emergency cash transfer, domestic			\$15.00
Replacement card, express delivery			\$12.50
<small>*This document entitled 'Fee Disclosure and Other Important Disclosures' is included with, and incorporated in, the Kentucky Unemployment Insurance Debit Card Account Agreement.</small>			
<small>** Fees can be lower depending on how and where this card is used.</small>			
<small>See the materials you received with your card for free ways to access your funds and balance information.</small>			
No overdraft/credit feature.			
<small>Your funds are eligible for FDIC insurance.</small>			
<small>For more information about prepaid cards, visit cfpb.gov/prepaid.</small>			
<small>Find details and conditions for all fees and services in the cardholder agreement.</small>			
<small>The Kentucky Unemployment Insurance Debit Card is issued by Bank of America. There is no fee to purchase or activate this card.</small>			

Our office only offers payment through either Direct Deposit or Debit Card through Bank Of America.

Payment Details

Please complete the fields below. Required fields are indicated with an asterisk *

Please click on the **Pick Routing Number** button to enter your Routing Number & select your given bank.

* Bank Account Holders Name

Pick Routing Number

* Bank Name

* Account Number (leave out special characters or spaces)

* Re-enter Account Number (leave out special characters or spaces)

* Account Type



<< Previous

Next >>

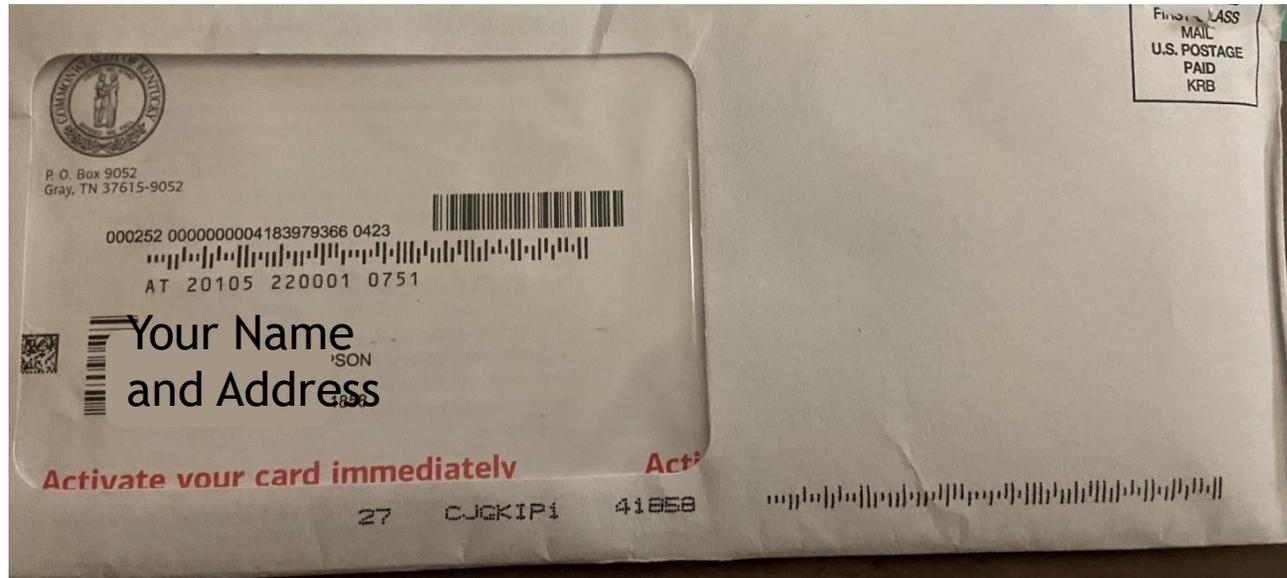
If you have selected Direct Deposit, you will need to enter in your information. Please have this ready.

Warning:
If our office has issues with your direct deposit information you have entered, you will be issued out a debit card from Bank Of America.

You can change your payment method at any time.

Your Bank of America Card:

Your card will arrive to you more within 7-10 business days. This means payment will not be on your card when you receive it.



To activate your card please call 1-833-215-1620. You will be creating a PIN number when you activate your card. Our office does not create a PIN for your card. If you have any issues with your PIN please call them at the number provided above and customer service will assist.

The Bank of America (BOA) debit card claimants are receiving for their benefits will be a generic BOA themed card. Due to the volume of claims, its depleted our Kentucky themed cards and won't be able to use our branded cards until a later date.

Kentucky Unemployment Insurance Debit Card
Tarjeta de Débito de Seguros de Desempleo de Kentucky
Bank of America

P. O. Box 9052
Gray, TN 37615-9052

000252 0000000004183979366 0423
AT 20105 220001 0751

Your Name and Address

Activate your card immediately

- Visit www.bankofamerica.com/kyuidebitcard or call 1.833.215.1620 (TTY 1.866.656.5913).
- When prompted, create a four-digit Personal Identification Number (PIN) to use at ATMs.
- Your card is now ready to use — shop everywhere Visa® debit cards are accepted or get cash from an ATM or bank teller.
- **Sign the back of your card.**

Active su tarjeta de inmediato

- Visite www.bankofamerica.com/kyuidebitcard o llame al 1.833.215.1620 (TTY 1.866.656.5913).
- Cuando se lo solicite, deberá crear un Número de Identificación Personal (PIN) de cuatro dígitos para utilizar en cajeros automáticos (ATM).
- Su tarjeta ya está lista para utilizar, realice compras en cualquier lugar que acepte tarjetas de débito Visa® u obtenga dinero en efectivo en un cajero automático (ATM) o cajero de ventanilla.
- **Firme la parte posterior de su tarjeta.**

Customer service is available 24/7 for inquiries about your card

Online: www.bankofamerica.com/kyuidebitcard
Phone: 1.833.215.1620
TTY: 1.866.656.5913
Outside U.S. (collect): 1.423.262.1650
Call immediately if your card is lost or stolen.

Atención al cliente disponible las 24 horas del día, los 7 días de la semana para consultas sobre su tarjeta

En línea: www.bankofamerica.com/kyuidebitcard
Teléfono: 1.833.215.1620
(TTY): 1.866.656.5913
Fuera de los EE. UU. (cobro revertido): 1.423.262.1650
Llame de inmediato en caso de extravío o robo de su tarjeta.

Información importante

- El acuerdo de depósito que se adjunta contiene términos y condiciones legales para el uso de su tarjeta.
- Cuando usted utilice su tarjeta, estará aceptando los términos y condiciones establecidos en el acuerdo.
- Cada compra o retiro de fondos se deduce de la tarjeta; por eso, lleve un control de su saldo.
- Por favor active su tarjeta.

Consulte al dorso detalles sobre el uso de su tarjeta

Office of the State Treasurer

TO ACTIVATE
www.bankofamerica.com/kyuidebitcard

PARA ACTIVAR
www.bankofamerica.com/kyuidebitcard

864 DEBIT VISA

Pension/Compensation/Withholding

You are required to answer all data fields on this screen marked with an asterisk *

Only select Yes if you did have a pension starting from 01/01/2019 in the Base Period

- * Have you applied for or are you receiving a pension other than Social Security from an employer you have worked for since 01/01/2019?
- * Have you applied for, or received worker's compensation since 01/01/2019?
- * Do you want 10% of your weekly benefit check withheld for Federal income tax?
- * Do you want 4% of your weekly benefit check withheld for Kentucky state income tax?

If you have received Workers Compensation at any point in the Base Period, wages could possibly be added to your claim. You will be required to turn in this information to be considered. Please turn in check stubs by uploading them to your claim online under miscellaneous and comment it is Workers compensation. This is the quickest way to process it. Additionally, you can email it to uiassistance@ky.gov or fax to 502-564-0065

Rev. 03/2020

EDUCATION CABINET
DEPARTMENT FOR WORKFORCE INVESTMENT
OFFICE OF EMPLOYMENT AND TRAINING
DIVISION OF UNEMPLOYMENT INSURANCE
500 Mero Street 4th Floor SC
Frankfort, KY 40601

WITHHOLDING AGREEMENT FOR FEDERAL AND STATE INCOME TAX

Pursuant to Public Law 103-465, the state of Kentucky is required to allow you to change you previously chosen option on Federal and State income tax being withheld from you unemployment insurance benefits.

YOU WILL NOT BE ALLOWED TO CHANGE THIS OPTION AGAIN UNTIL YOUR BENEFIT YEAR ENDS (BYE).

I choose to have Federal income tax withheld from my unemployment insurance benefits. Choosing this option will result in an amount equal to 10% of your gross benefit amount being withheld.

I choose to have State income tax withheld from my unemployment insurance benefits. Choosing this option will result in an amount equal to 4% of your gross benefit amount being withheld.

I choose to cancel the withholding of Federal income tax from my unemployment insurance benefits.

I choose to cancel the withholding of State income tax from my unemployment insurance benefits.

Claimant name and mailing address:

Social Security Number: _____ Signature: _____ Date: _____

For staff use only:
Examiner's WFD number _____ Claim BYE Date _____
Examiner's Initials _____

Please Return this Document to:
OFFICE OF EMPLOYMENT AND TRAINING
DIVISION OF UNEMPLOYMENT INSURANCE
Email: uiassistance@ky.gov
500 Mero Street 4th Floor SC
Frankfort, KY 40601
Fax: 502-564-0065

You can only change your taxes once in a 52 week claim after this submission. To change your taxes, you will need to call our office to receive this form at:
502-564-2900

Please return with the options provided below.

Work States

Since you indicated that you worked in a state other than Kentucky for a private employer or state or local government during the base period. Select the state(s) where you worked.

Please select all the states where you have worked.

- | | |
|---|---|
| AK (Alaska) <input type="checkbox"/> | AL (Alabama) <input type="checkbox"/> |
| AR (Arkansas) <input type="checkbox"/> | AZ (Arizona) <input type="checkbox"/> |
| CA (California) <input type="checkbox"/> | CO (Colorado) <input type="checkbox"/> |
| CT (Connecticut) <input type="checkbox"/> | DC (District Of Columbia) <input type="checkbox"/> |
| DE (Delaware) <input type="checkbox"/> | FL (Florida) <input type="checkbox"/> |
| GA (Georgia) <input type="checkbox"/> | HI (Hawaii) <input type="checkbox"/> |
| IA (Iowa) <input type="checkbox"/> | ID (Idaho) <input type="checkbox"/> |
| IL (Illinois) <input type="checkbox"/> | IN (Indiana) <input type="checkbox"/> |
| KS (Kansas) <input type="checkbox"/> | LA (Louisiana) <input type="checkbox"/> |
| MA (Massachusetts) <input type="checkbox"/> | MD (Maryland) <input type="checkbox"/> |
| ME (Maine) <input type="checkbox"/> | MI (Michigan) <input type="checkbox"/> |
| MN (Minnesota) <input type="checkbox"/> | MO (Missouri) <input type="checkbox"/> |
| MS (Mississippi) <input type="checkbox"/> | MT (Montana) <input type="checkbox"/> |
| NC (North Carolina) <input type="checkbox"/> | ND (North Dakota) <input type="checkbox"/> |
| NE (Nebraska) <input type="checkbox"/> | NH (New Hampshire) <input type="checkbox"/> |
| NJ (New Jersey) <input type="checkbox"/> | NM (New Mexico) <input type="checkbox"/> |
| NV (Nevada) <input type="checkbox"/> | NY (New York) <input type="checkbox"/> |
| National (National Region) <input type="checkbox"/> | OH (Ohio) <input type="checkbox"/> |
| OK (Oklahoma) <input type="checkbox"/> | OR (Oregon) <input type="checkbox"/> |
| PA (Pennsylvania) <input type="checkbox"/> | PR (Puerto Rico) <input type="checkbox"/> |
| RI (Rhode Island) <input type="checkbox"/> | SC (South Carolina) <input type="checkbox"/> |
| SD (South Dakota) <input type="checkbox"/> | TN (Tennessee) <input type="checkbox"/> |
| TX (Texas) <input type="checkbox"/> | US-Central (US-Central Region) <input type="checkbox"/> |
| US-East (US-East Region) <input type="checkbox"/> | US-West (US-West Region) <input type="checkbox"/> |
| UT (Utah) <input type="checkbox"/> | VA (Virginia) <input type="checkbox"/> |
| VI (Virgin Islands) <input type="checkbox"/> | VT (Vermont) <input type="checkbox"/> |
| WA (Washington) <input type="checkbox"/> | WI (Wisconsin) <input type="checkbox"/> |
| WV (West Virginia) <input type="checkbox"/> | WY (Wyoming) <input type="checkbox"/> |

States you've worked in. Please ensure to list all states that you have worked in the Base Period wages if you have.

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Qualification Reason(s)

COVID-19

You are required to answer all data fields on this screen marked with an asterisk *

In order to qualify for PUA, you must be unemployed or or underemployed as a direct result of COVID-19. Please select all that apply:

- * You have been diagnosed with COVID-19 or with COVID-19 symptoms and are seeking a diagnosis. -Select- ▼
- * A member of your household has been diagnosed with COVID-19. -Select- ▼
- * You are providing care for a family or household member diagnosed with COVID-19. -Select- ▼
- * You are the primary caregiver for a child unable to attend school or other facility closed due to COVID-19. -Select- ▼
- * You are unable to reach your place of employment due to an imposed quarantine or because you have been advised by a medical practitioner to self-quarantine due to COVID-19. -Select- ▼
- * You are scheduled to commence new employment and cannot reach the workplace as a direct result of COVID-19. -Select- ▼
- * You became the major breadwinner because the head of household died from COVID-19. -Select- ▼
- * You quit your job as a direct result of COVID-19. -Select- ▼
- * Your place of employment closed as a direct result of COVID-19. -Select- ▼
- * Your hours have been reduced as a direct result of COVID-19. -Select- ▼
- * You are self-employed, an independent contractor, 1099 filer, or farmer and have been affected by COVID-19. -Select- ▼
- * You are seeking part-time employment and affected by COVID-19. -Select- ▼

If you are a 1099 Employee you will see this screen:

COVID - 19 Income

You are required to answer all data fields on this screen marked with an asterisk *

Proof of income is not required to establish a PUA claim, however, you can provide self-employed income documentation to potentially increase your weekly benefit amount.

If you do not provide proof of income you will be paid the minimum weekly benefit amount of \$180.00. in addition to this amount, you will also receive the additional \$600 Pandemic Unemployment Compensation provided forth under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. If you choose to provide proof of income to increase your minimum benefits, you will be required to attach documentation once your claim filing is complete.

Instructions will be displayed on your Confirmation Page.

This information is really important! You need to provide your self-employed income to possibly increase your weekly benefit amount! Hit next once completed



* Quarter 1: January, February, March (2019)	<input type="text"/>
*Quarter 2: April, May, June (2019)	<input type="text"/>
*Quarter 3: July, August, September (2019)	<input type="text"/>
*Quarter 4: October, November, December (2019)	<input type="text"/>

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Most Recent Employer Information

You are required to answer all data fields on this screen marked with an asterisk *

Please enter information about your most recent employment. This should be your very last employer, regardless of the length of that employment.

If you are a 1099 employee or self-employed, enter information about your personal business as you are your own employer.

- ▶ Types of Separations:
- ▶ 1. Lack of work: Secondary Reason: No Recall or Recall
- ▶ 2. Quit: (You decided to leave your job) Secondary Reason: Health/Physical Condition, Personal Reason, Prospect of other work, Reassigned Military Spouse, General or Working Conditions
- ▶ 3. Discharge (Fully separated from employer): Secondary Reason: Absence/Tardiness, General, Substance Abuse, Unsatisfactory Work and Violation of work Rule
- ▶ 4. Strike Lockout
- ▶ 5. Full time to Part time: Disciplinary Action, Initiated by Claimant request, Reduced hours due to work load
- ▶ 6. Leave of Absence (Still job connected) - Mostly Seen as Medical Leave
- ▶ 7. Suspension (Still job connected) Non Separations: Absence/Tardiness, General, Substance Abuse, unsatisfactory Work.

NOTE: If suspension leads to discharge, you will need to reopen your claim under a discharge or we will still determine you as still job connected.

Most Recent Employer Information

This page is very important and if you fail to list correct information it can result with issues with your claim and delay in payment.

You are required to answer all data fields on this screen marked with an asterisk *

Please enter information about your most recent employment. This should be your very last employer, regardless of the length of that employment.

If you are a 1099 employee or self-employed, enter information about your personal business as you are your own employer.

Key Notes:

1. Please list your Most Recent Employer. Do not list your employer in the base period wages unless that was quite literally was your last employer. By listing the correct employer it will make your claim process smoother for staff and allow us to look at other claims faster as well!
2. List your physical last date of work you were actually paid for. Example: If you physically worked only part time work that week and your last day working was Wednesday, please list Wednesday as your last date.
3. Example 2: You went into your job the next day and you were immediately discharged before you clocked in. Your last date of work would be day prior.

(Warning ! You must provide a complete and accurate mailing address for your employer. Failure to do so will delay your benefit check.)

* Employer Type

* Employer/Agency name

Employer mailing address [[Click here to find address in yellow pages](#)]:

* Street/Postal Address

* City

* State

* Zip [[Click here to find Zip Code](#)]

* Employer's phone number (include area code)

* Was the work performed in Kentucky?

* Please select the reason you are no longer working for this employer

* Please select the secondary separation reason

Please enter your dates of employment with this employer:

* Date started (mm/dd/yyyy)

* Last day worked/Separation Date (mm/dd/yyyy)

* Separation explanation (Provide a brief explanation without exceeding 250 characters. A detailed questionnaire will follow, if required.)

* Have you worked for this employer in 10 or more separate weeks from 01/01/2019 to present?

(Note: The 10 weeks did not have to be in a row and you did not have to work the entire week for it to be counted as a week.)

Separation questions:

Depending on the separation listed, you will be asked additional questions, up to 10+ questions on the next page.

At this point you need to have your word document open and copy and paste your answers in there this will save you a lot of time. As I have mentioned before, if you are on a page for too long, it will time out and you will have to enter in your information again. This is mentioned to make things easier for you especially if you have a lot of information to list.



Certification Page

Rights & Responsibilities

CERTIFICATION/AUTHORIZATION: I certify that the information I have provided on this claim for unemployment benefits is true and correct to the best of my knowledge. I certify that I have read and understood the (PAM-UI-400), Rights and Responsibilities pamphlet, and accept responsibility for reading this pamphlet and asking questions of claims personnel if I do not understand the instructions or any procedures, law or regulation affecting my claim. I understand that any false statement or omission of material facts to obtain benefits is punishable by fine or imprisonment. I AUTHORIZE my former employer(s) to release all information requested in connection with my claim for unemployment benefits.

You may access The Rights and Responsibilities pamphlet (PAM-UI-400) [by clicking here](#) .

I understand: that penalties are provided by law for an individual making false statements to obtain benefits; that any determination based on this affidavit is not final; that it is subject to correction upon receipt of substantiating wage and separation information to be supplied by me and required within the next 21 calendar days; that my weekly unemployment assistance amount may be reduced for failure to produce wage and employment substantiating information within 21 days, and that benefit payments made as a result of such determination may have to be adjusted on the basis of information furnished and that any amount overpaid may have to be repaid or offset against future benefits. Intentional misrepresentation in self-certifying is considered fraud.

I was given access to the PAM-UI-400, Rights and Responsibilities pamphlet.

I understand that I must report, "**all wages earned.**"

I understand that I can use this website or call the voice response unit to request my benefit payment.

I understand that, effective Jan. 1, 2012, Kentucky Unemployment Insurance law requires one "**waiting week**" per Benefit Year.

Your waiting week will always be your first payable week. You will request benefits for a two week period.

If you are otherwise eligible, the amount of your first check will only be for one week. Your maximum benefit amount will not change.

The waiting week applies to those whose last day of work was prior to March 6, 2020.

Please type your First Name, Middle Initial, and Last Name in the space provided to CERTIFY the information provided and AUTHORIZE unemployment benefits claim Initiation.

Type your First and Last Initials

Do not type in Yes or NO
Please enter in your name
as you had created it in
your online profile.

If you do not agree, please logout or close the window and your claim will not be processed. In order to successfully complete your claim, you must agree to rights and responsibilities.

Finished!

Confirmation

Please print this page for your records.

JANE DOE Reference Number is:2-16M6ZAF

File Date : 4/27/2020

If your Last Day of Work was March 6, 2020 or later, your first payment will be automatically processed for you on **Sunday, May 10, 2020**.

You will request your second payment on **Monday, May 25, 2020**, thru Friday of the following week

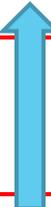
Your Eligibility Review is due **6/8/2020**, To complete your Eligibility Review you must do so on this site <http://kcc.ky.gov>

IMPORTANT

In order to process your claim for Unemployment Insurance benefits, we need to verify the name and social security number you have worked under during the past 18 months. You will need to provide a copy of your social security card plus one of the following:

- Valid Drivers License
- Marriage/Divorce Certificate
- State Issued Identification
- Birth Certificate
- Passport
- Military Identification
- Legal Documentation of Name Change
- Permanent Resident Card

Failure to submit within 20 days of claim filing may result in a denial of benefits.



Please Submit these documents as soon as possible if requested. You can upload it to your claim by using document upload. Please go to the Kentucky Career Center YouTube profile to check it out! You can also email it to uiassistance@ky.gov or fax it to our office at 502-564-0065.

Questions??



Questions are the path to learning



(800) 525-7746

(502) 937-6894

spininc@kyspin.com

www.kyspin.com

Please complete our evaluation at the end of the webinar.

Thank you!