



## Welcome to Northern Mariana Islands Initial Claim Application for PUA Benefits

CNMI DEPARTMENT OF LABOR  
Pandemic Unemployment Assistance (PUA) Program

### INITIAL CLAIM APPLICATION FOR PUA BENEFITS

Before you begin:

#### UNEMPLOYED

For the purposes of a PUA claim, unemployed means:

- You were laid off or furloughed from your job for a reason related to the COVID-19 Pandemic
- You continue to work, but your work hours were reduced because of COVID-19 reasons and are earning less than \$495 during any particular week. This is typically called a Partial unemployment
- You were unable to work or had to quit your job because of the pandemic
- You are self-employed and you were unable to continue your business due to the pandemic
- **If you are back to work already, you MAY claim the weeks in which you were out of work or on reduced hours.**

As you answer the questions on the system, please keep the meaning of unemployed in mind.

You are **NOT UNEMPLOYED** if you return to full time work hours, or to the customary part-time hours that you worked before the pandemic started. Claiming unemployment benefits if you are not unemployed is fraud and may result in serious consequences.

Under the law, valid reasons for unemployment due to COVID-19 are:

#### COVERED

- The individual has been diagnosed with COVID-19 or is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
- A member of the individual's household has been diagnosed with COVID-19;
- The individual is providing care for a family member or a member of the individual's household who has been diagnosed with COVID-19;
- A child or other person in the household for which the individual has primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for the individual to work;
- The individual is unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency;
- The individual is unable to reach the place of employment because the individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
- The individual was scheduled to commence employment and does not have a job or is unable to reach the job as a direct result of the COVID-19 public health emergency;
- The individual has become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19;
- The individual has to quit his or her job as a direct result of COVID-19; or
- The individual's place of employment is closed as a direct result of the COVID-19 public health emergency.

#### NOT COVERED

- Individuals that can telework with pay
- Individual receiving paid sick leave or other paid leave benefits (regardless of meeting a category listed above)

#### THE PUA CLAIMS PROCESS

Since CNMI does not have an Unemployment Insurance (UI) program, the process that must be used to file a PUA claim is the same as that of the UI process operated under Hawaii state law, to the extent that it does not conflict with CNMI laws and in conformance with special provisions in the CARES Act. There are two parts to accessing PUA/FPUC benefits.



Only certain communications can be sent via text message. Normal text messaging rates apply. Other important notices, including some regarding unemployment benefits, will NOT be sent via text message.	
Fax: - -	
<b>Preferred Notification Method</b>	
Please select a method in which you prefer to receive your notifications: <input type="checkbox"/> Internal Message <input type="checkbox"/> Email <input type="checkbox"/> Text Message (if available) <input type="checkbox"/> Text Message notification (if available) <input type="checkbox"/> Postal Mail <input type="checkbox"/> Internal Message with Email Notification <b>Please note that determining your eligibility benefits may be delayed if Mail is selected.</b>	
<b>Site Access</b>	
From where are you accessing this website? <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Library <input type="checkbox"/> Career Center <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other <input type="checkbox"/> Community Center <input type="checkbox"/> Job Fair <input type="checkbox"/> Place of Worship <input type="checkbox"/> Military Location <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Youth Center <input type="checkbox"/> Smart Phone / PDA	
<b>Citizenship</b>	
Citizenship – <b>Choose one</b> <input checked="" type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien / Refugee Lawfully Authorized to Work in U.S. <input type="checkbox"/> Citizen of Freely Associated States	
<b>Choose One:</b> <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Authorized to Work in U.S. <input type="checkbox"/> Citizen of Freely Associated States	
Select Document Type:	
<input type="checkbox"/> Certificate of Citizenship	
Citizenship Certificate Number: _____ Enter Alien / USCIS Number: _____	
<input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)	
SEVIS ID: _____	USCIS (Alien Registration) Expiration Date:   /   /
Passport Number: _____	I-94 Number: _____
<input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Status)	
SEVIS ID: _____	USCIS (Alien Registration) Expiration Date:   /   /
Passport Number: _____	Country of Issuance: _____ I-94 Number: _____
<input type="checkbox"/> I-327 Reentry Permit	
Enter Alien / USCIS Number: _____	USCIS (Alien Registration) Expiration Date:   /   /
<input type="checkbox"/> I-551 Permanent Resident Card <input type="checkbox"/> Document was issued before Dec. 1997:	
Card Number: AAA _____	Alien / USCIS Number: _____
<input type="checkbox"/> I-551 Permanent Resident Card   Document was <b>NOT</b> issued before Dec. 1997:	
Card Number: _____	Document Exp. Date:   /   /   Alien / USCIS Number: _____
<input type="checkbox"/> I-571 Refugee Travel Document	
Document Exp. Date:   /   /	Alien / USCIS Number: _____
<input type="checkbox"/> I-766 Employment Authorization Card	
Card Number: _____	USCIS (Alien Registration) Expiration Date:   /   /
<input type="checkbox"/> I-94 (Arrival/Departure Record) in Unexpired Foreign Passport	
<input type="checkbox"/> Machine Readable Immigrant Visa (with Temporary I-551 Language)	
Passport Number: _____	Passport Exp. Date:   /   /
I-94 Number: _____	Country of Issuance: _____
Visa Number: _____	SEVIS ID: _____
<input type="checkbox"/> I-94 Arrival/Departure Record	
I-94 Number: _____	USCIS (Alien Registration) Expiration Date:   /   /
SEVIS ID: _____	
<input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Naturalization Certificate was issued before 1996:	
Naturalization Number: _____	Alien / USCIS Number: 999999999
<input type="checkbox"/> Naturalization Certificate - Naturalization Certificate was <b>NOT</b> issued before 1996	
Naturalization Number: _____	Alien / USCIS Number: _____
<input type="checkbox"/> Other   Select One: <input type="checkbox"/> Alien / USCIS Number <input type="checkbox"/> I-94 Number	
If Alien / USCIS Number is selected: Alien / USCIS Number: _____ Other documentation description: _____	
If I-94 Number is selected: I-94 Number: _____ Other documentation description: _____	
<input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94)	
Passport Number: _____	Passport Exp. Date:   /   /



Alien / USCIS Number:		Country Of Issuance:	
<input type="checkbox"/> Unexpired Foreign Passport			
Passport Number:		Passport Exp. Date: / /	
Country of Issuance:		I-94 Number: SEVIS ID:	
<input type="checkbox"/> If Citizen of Freely Associated States: Enter USCIS (Alien Registration) Expiration Date: / /			
Enter Alien / USCIS Number:			
<b>Disability</b>			
Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too that you may be eligible for additional support services and programs if you have a disability.			
Do you wish to disclose a disability?			
<input type="checkbox"/> Yes, I have a disability I wish to disclose <input type="checkbox"/> No, I do not have a disability <input type="checkbox"/> do not wish to answer			
If yes, are you receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are you receiving Social Security Disability Insurance (SSDI)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child Support Deductions</b>			
Do you make or owe child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, enter the following, if known			
Case ID Number:		Responsible State or Territory:	Responsible County:
Child Support Weekly Amount:		Deduction Start Date: / /	
Court Order Date: / /		Child Support Percent:	
<b>Education Information</b>			
Your Highest Education Level Achieved:			
If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma.			
<input type="checkbox"/> No School Grades Completed <input type="checkbox"/> 1 <sup>st</sup> Grade Completed <input type="checkbox"/> 2 <sup>nd</sup> Grade Completed <input type="checkbox"/> 3 <sup>rd</sup> Grade Completed			
<input type="checkbox"/> 4 <sup>th</sup> Grade Completed <input type="checkbox"/> 5 <sup>th</sup> Grade Completed <input type="checkbox"/> 6 <sup>th</sup> Grade Completed <input type="checkbox"/> 7 <sup>th</sup> Grade Completed <input type="checkbox"/> 8 <sup>th</sup> Grade Completed <input type="checkbox"/> 9 <sup>th</sup> Grade Completed <input type="checkbox"/> 10 <sup>th</sup> Grade Completed <input type="checkbox"/> 11 <sup>th</sup> Grade Completed <input type="checkbox"/> 12 <sup>th</sup> Grade Completed & did not receive diploma or equivalent <input type="checkbox"/> Certificate of Attendance / Completion (Disabled Individuals) <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> 1 Year at College, Technical or Vocational School <input type="checkbox"/> 2 Years at College, Technical or Vocational School <input type="checkbox"/> 3 Years at College, Technical or Vocational School <input type="checkbox"/> Vocational School Certificate			
<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS)			
Are you attending school?			
<input type="checkbox"/> Yes, Attending High School, Junior High, Middle, or Elementary School <input type="checkbox"/> Yes, Attending an Alternative High School			
<input type="checkbox"/> Yes, Attending College or a Technical or Vocational School <input type="checkbox"/> No, Not Attending Any School			
<b>Employment Information</b>			
<u>Current Employment Status:</u>			
<input type="checkbox"/> Working Full Time <input type="checkbox"/> Working Part Time <input type="checkbox"/> Not Working <input type="checkbox"/> Never Worked <input type="checkbox"/> Other			
<u>Type of Business Worked In:</u>			
<input type="checkbox"/> Private Business <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Higher Education <input type="checkbox"/> State Government <input type="checkbox"/> Education (K-12) <input type="checkbox"/> Have Never Worked <input type="checkbox"/> Other			
Are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any related licenses or certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?			
<input type="checkbox"/> Yes, I have received a notice of termination or military separation.			
If yes, Date of Layoff, Termination or Military Separation			
<input type="checkbox"/> No, I have not recently received a notice of termination or military separation.			
<b>Farmworker Information</b>			
The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relatives.			
Have you worked as a farmworker in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, have you been employed the past 12 months in farm work of a seasonal or temporary nature?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you traveling with your family? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you traveling with an organized group? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Occupational Licenses and Certificates</b>
Certificate / License: _____ Issuing Organization: _____ Certificate Number: _____
Certificate / License Type: <input type="checkbox"/> Certifications <input type="checkbox"/> Licenses <input type="checkbox"/> Registration <input type="checkbox"/> Training
Completion Date:        /        /               Expiration Date:        /        /
City:                        State or Territory:                        Country:
<b>Employment - Status</b>
If offered a job today, could you accept? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Indicate the reason(s) you could not accept work right now: <input type="checkbox"/> Family Responsibilities <input type="checkbox"/> Illness / Disability <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Other
If offered a job today, are you available to accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Indicate the reason(s) you could not accept work right now: <input type="checkbox"/> Family Responsibilities <input type="checkbox"/> Illness / Disability <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Other
Are you self-employed, or owner of a business, farm or fishing operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an elected official? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Major Disaster Information</b>
Are you unemployed as a direct result of a pandemic or major disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No If you were working at reduced hours or were laid off DURING THIS WEEK, select Yes.
If Yes, in what state were you affected? _____ What was the major disaster? <input type="checkbox"/> Covid-19
<b>Self-Certification</b>
Are you able to telework with at least the same hours and pay? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have the ability to telework with pay, please explain why you are having to file for unemployment.
Are you receiving or will you receive paid sick leave or other paid leave benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Date received (or date you will receive): _____
If yes, Gross amount: _____
How did the COVID-19 Public Health Emergency cause your unemployment? To qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one or more of the COVID-19 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming
To qualify for PUA, you must self-certify that you are otherwise able to work and available for work, except that you are unemployed, partially unemployed, unable to work or unavailable for work due to at least one of the following categories listed in the CARES Act. I hereby self-certify that my unemployment is due to the following circumstance(s): Select all that apply.
<input type="checkbox"/> I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
<input type="checkbox"/> A member of my household has been diagnosed with COVID-19.
<input type="checkbox"/> I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.
<input type="checkbox"/> A child or other person in my household for which I am the primary caregiver is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.
<input type="checkbox"/> I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
<input type="checkbox"/> I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.
<input type="checkbox"/> I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.
<input type="checkbox"/> I have become the breadwinner or major support for my household because the head of the household has died as a direct result of COVID-19.
<input type="checkbox"/> I quit my job as a direct result of COVID-19.
<input type="checkbox"/> My place of employment is closed as a direct result of the COVID-19 public health emergency.
<input type="checkbox"/> I am self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.
<input type="checkbox"/> I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly

related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.	
<input type="checkbox"/> provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.	
<input type="checkbox"/> am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.	
<input type="checkbox"/> None of the above apply to me.	
Are you self-employed, business owner, worked with a religious entity, or a gig worker whose employment was affected by the COVID-19 virus? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are affiliated with a non-profit or a religious organization that does not pay contributions, you may be eligible for PUA.	
Are you the owner or sole proprietor of a business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the name?	What is the employer FEIN / SSN?
What was your net earnings for the 1 <sup>st</sup> calendar quarter (Jan – March) of 2020?	
What was your net earnings for the 2 <sup>nd</sup> calendar quarter (April – June) of 2020?	
What was your net earnings for the 3 <sup>rd</sup> calendar quarter (July – Sept) of 2020?	
What was your net earnings for the 4 <sup>th</sup> calendar quarter (Oct – Dec) of 2020?	
Were you working full time or part time? <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
What is the date that you last performed work?	
What date do you expect to return to work or start your self-employment?	
Are you the owner or sole proprietor of a business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When was your last day of actual work? <b>IMPORTANT! List the day in which you first experienced reduced hours or the day you were laid off for lack of work. Pay special attention to this date as it will affect the effective date of your claim. Errors WILL affect your ability to claim previous weeks.</b>	
<b>Acknowledgement</b>	
I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud. <input type="checkbox"/> Yes, I understand	
<b>Job Title</b>	
What is your desired job title?	
<b>Job Occupation</b>	
Occupation Title:	
<b>Ethnic Origin</b>	
Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> do not wish to answer	
Race - Please check all that apply: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Indian <input type="checkbox"/> Bangladesh <input type="checkbox"/> Nepalese <input type="checkbox"/> Bhutanese <input type="checkbox"/> Chinese <input type="checkbox"/> Malaysian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Pakistani <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sikkimese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/> Cambodian <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian/part Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Micronesian <input type="checkbox"/> Palauan <input type="checkbox"/> Marshallese <input type="checkbox"/> CNMIanian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chamorro <input type="checkbox"/> Carolinian <input type="checkbox"/> Chuukese <input type="checkbox"/> Kosraean <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Rota/Tinian <input type="checkbox"/> Saipanese <input type="checkbox"/> Yapese <input type="checkbox"/> White <input type="checkbox"/> do not wish to answer	
<b>Spouse or Dependent of a Veteran</b>	
Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the Spouse of someone in the active-duty military service, National Guard or Reserves who is currently activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died on active duty or of a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Military Service</b>	
Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.	
Are you currently in the military, a veteran or the spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	





<input type="checkbox"/> Disaster / Pandemic Lack of Work <input type="checkbox"/> Labor Dispute / Strike <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence Hours <input type="checkbox"/> Resigned / Quit <input type="checkbox"/> Part Time or Reduced <input type="checkbox"/> Still Employed <input type="checkbox"/> Still Working Full Time <input type="checkbox"/> Suspended from Work <input type="checkbox"/> Terminated / Fired
Last day worked:         /         /
Does the employer intend to recall you within 6 weeks? <a href="#">If unknown select No.</a> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Anticipated Recall Date:         /         /
Were you separated from this job because you had family responsibilities that you had to attend to? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was this employment with an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a corporate officer or a relative of a corporate officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you separated from this job because of lack of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:
<b>Benefit Payment Information</b>
Please indicate if you will receive benefit payments from any of the following categories from this employer.
Did you or will you receive any <b>Severance Pay</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Effective Date:         Gross Amount:         Daily Pay Amount:
Did you receive any <b>Vacation Pay</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Effective Date:         Gross Amount:         Daily Pay Amount:
Did you receive any <b>Holiday Pay</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Effective Date:         Gross Amount:         Date Holiday is Observed:
Did you receive any <b>Bonus Pay</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Effective Date:         Gross Amount:         Date of Payment:
<b>Pension / Retirement Information</b>
Please indicate if you have received, or will receive within the next 52 weeks, payment for any of the following from this employer.
Pension / retirement benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Pension Type: <input type="checkbox"/> Federal Government <input type="checkbox"/> Local Government <input type="checkbox"/> Military Retirement <input type="checkbox"/> Private Employer <input type="checkbox"/> State Government <input type="checkbox"/> Union Retirement <input type="checkbox"/> 401K / 403B / Personal IRA / KEOGH
If Yes, Gross Amount: Per <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Year <input type="checkbox"/> Lump Sum
Was the retirement mandatory? (selecting No indicates it was voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the contribution (percentage) paid by employer:         Effective Date:         /         / Indicate the contribution (amount) paid by Claimant:
401K / 403B / Personal IRA / KEOGH: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Gross Amount: Per <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Year <input type="checkbox"/> Lump Sum
Military service connected disability compensation (Answer No if paid by VA): <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Workers' Compensation Information</b>
If you received or will be receiving Workers' Compensation payments from this employer, please provide the information below.
Received Workers' Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Workers' Compensation Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Supplemental Income <input type="checkbox"/> Impairment Income Starting Date:         /         /         Ending Date, if applicable:         /         /
If Yes, Gross Amount: Per <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Year <input type="checkbox"/> Lump Sum Date notified:         /         /         Method of contact:
<b>Additional Employment History</b>
Are there any other employment history items that you would like to add? <input type="checkbox"/> Yes <input type="checkbox"/> No <a href="#">This includes if you are an employee, self-employed, contractor or gig worker.</a>
<b>Important Agreement</b>
<b>Certification acknowledgement: By submitting this application I certify that...</b>
<ol style="list-style-type: none"> <li>All information submitted is true and complete,</li> <li>I am responsible to read the PUA Handbook and any other official written material provided to me regarding any benefit program; and</li> </ol>



3. I acknowledged that any false statement in this document are punishable pursuant to local law and Section 2102 of CARES Act of 2020, relating to sworn falsification to authorities, and that a person who knowingly makes a false statement or knowingly withholds information to obtain PUA or other benefits commits a criminal offense under local and federal law, and may be subject to a fine, imprisonment, restitution, and loss of future benefits.

Yes, I want to file this claim.       No, I do not want to file this claim.

**WHAT YOU MUST DO TO REQUEST WEEKLY PANDEMIC UNEMPLOYMENT ASSISTANCE BENEFITS**

- Immediately after receiving confirmation that your PUA claim has been successfully filed, you **MUST** file a weekly certification to receive benefits. You cannot be paid for any week(s) that you do not file a weekly certification. After your initial claim filing, you must file your claim certification within end of each week (Saturday) or payments may be held or denied.
- If you begin work, you **MUST** report **ANY** earnings for the week you work, **even if you have not yet been paid**. Include all income, commissions, tips and gratuities. Report the gross amount before deductions.
- If you return to work and start earning more than \$494.00 in wages each week or if you return to your normal pre-pandemic work hours, you **MUST STOP FILING YOUR WEEKLY CLAIMS CERTIFICATIONS**. If you are still working reduced hours and are earning less than \$495, then you may continue to file your Weekly Claims Certifications.
- To be eligible for benefits each week, you **MUST** be able to go to work each day. If you were offered a job today, you must be able to accept. **Upon announcement of PCOR 3 by the Governor, you must look for work** by contacting at least 3 different employers about job openings each week. You should keep a list of your work searches. Your list should include employers' names, addresses (mailing, web, or email), phone numbers, dates of contact, person contacted, how you contacted the employer, and results.
- If you move, you **MUST tell us your new address immediately**. Changing your address with the U.S. Postal Service does NOT change your address with us.
- You will receive a notice from us with important information about your claim. The notice will tell you how much you may receive each week in benefits, the maximum amount you could receive and how long your claim could last.
- Benefits will be paid either by check or by direct deposit. The **direct deposit** option **will be the fastest** way to receive your benefits. **Expect SIGNIFICANT DELAYS** in receiving your payment, should you select the **paper check** option.

**Please check the box below to indicate that you are the claimant on this application and that you certify the truthfulness of your application.**

I certify that the information I have provided on this application is true, accurate, and complete, to the best of my knowledge.

**Please Note: Benefits can be paid ONLY if you meet ALL eligibility requirements.**

The information above includes some of what is in your Rights and Responsibilities document.

**Claimant's Computer Access**

Benefits Right Information was briefly explained to you. You are entitled to have a full copy of this information which is found on our website.

Do you have access to a computer to view or print your Benefit Rights Information document? (Suggest Career Solutions Center, library, relative or friend with a PC)  Yes  No