Step-by-step guide to completing the UI Application during COVID-19

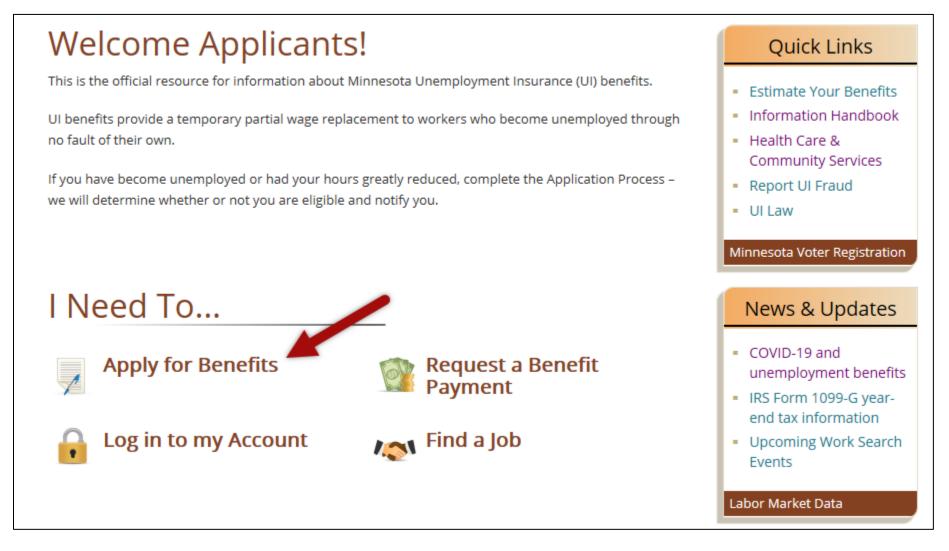
We are currently processing more applications for unemployment benefits than we have ever received before. To ensure our online system can handle the increased activity, we are asking **new applicants to apply on an assigned day**. The day you file for benefits will not affect the amount of benefits you receive.

If the last digit of your Social Security number is:	Apply online 6 A.M. to 8 P.M. on this day of the week:	
0, 1 or 2	Monday	
3, 4 or 5	Tuesday	
6, 7, 8, or 9	Wednesday	
Any	Thursday	
Any	Friday	

STEP 1. Go to www.uimn.org and select Applicants.



STEP 2. Select **Apply for Benefits**. You will find the link near the bottom of the page, under *I Need To...*

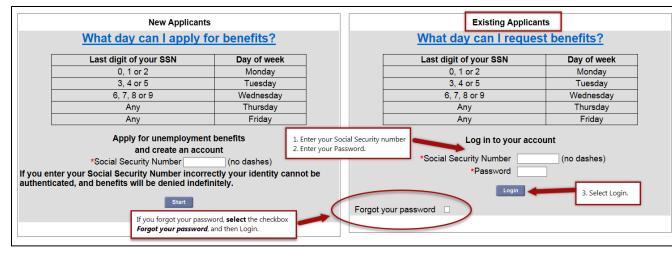


STEP 3. Start your application.

If you have never applied for Minnesota unemployment benefits, on your scheduled day, enter your Social Security number and then select **Start**.

pplicant Self-Service	•					* Indicates Require	
nformation For Applicants	Welcome to the Minnesot	a Unemployment Insi	urance Benefits System				
ow to Apply	The system is available Su	nday through Friday fro	om 6:00 A.M. to 8:00 P.M. Central	Time.			
formation Handbook							
deo Library		New Applican			Existing Applica		
ontact Us	What day can I apply for benefits?				What day can I request benefits?		
	Last dig	it of your SSN	Day of week		Last digit of your SSN	Day of week	
), 1 or 2	Monday		0, 1 or 2	Monday	
		3, 4 or 5	Tuesday		3, 4 or 5	Tuesday	
	6	7, 8 or 9	Wednesday		6, 7, 8 or 9	Wednesday	
		Any	Thursday		Any	Thursday	
		Any	Friday		Any	Friday	
Apply for unemployment benefits and create an account 1. Enter your Social Security number. Log in to your account							
		Security Number	(no dashes)		*Social Security Number	(no dashes)	
			rectly your identity cannot be		*Password		
	authenticated, and benef	ts will be denied inde	2. Select Start	Forgot	Login		

Existing Applicants: If you have previously had a Minnesota unemployment benefit account, enter your Social Security number, password and then select **Login**. If you do not remember your password, select the checkbox for **Forgot your password** and then Login. Follow the steps on the page to reset your password.



STEP 4. Review information to help you through the application process. Watch videos, review the list of information you will need to complete your application for benefits, and then click each items checkbox before you select **Start the application**.



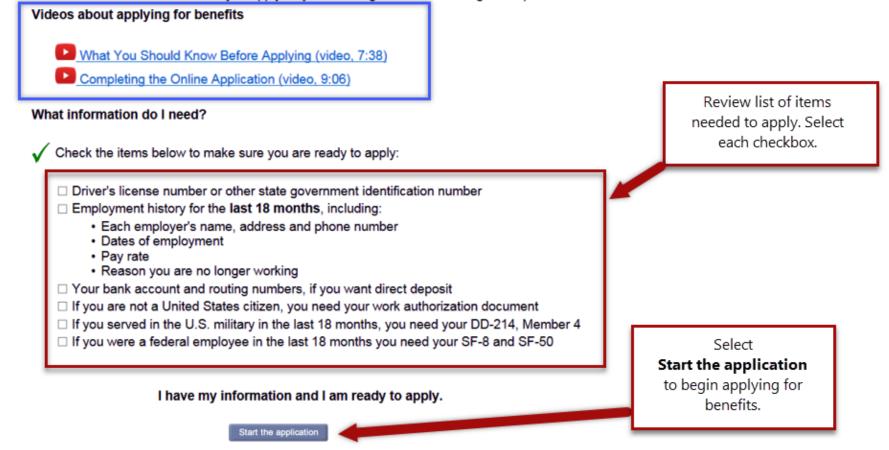
Apply for benefits as soon as you are unemployed or your hours have been reduced.

COVID-19

We are currently processing a record number of applications for unemployment benefits. Thank you for your patience during this unusual time.

If you are confused about the application process or how to answer a particular question, see this page for helpful information.

We have redirected staff to process as many unemployment benefit applications as quickly as possible. That means we may not be able to assist you by phone. Please watch the videos below before you apply so you have a good understanding of the process.



STEP 5. Read the Data Privacy Authorization. Select Yes, and then Next to move to the next page.

Data Privacy Authorization

The information you provide wi	ill be used by the Department of Employment and Econo	omic Development to determine your eligibility	y for unemployment insurance benefits and
help you look for work.			

United States Code Title 42 section 1320b-7 requires that applicants provide their social security number to be eligible for unemployment benefits. Minnesota Statute 268.07 requires applicants must be unemployed at the time the application is filed and that they must provide all of the information requested. Incomplete applications cannot be processed.

Employers are authorized by law to provide information on your dates of employment, wages paid, and why you left employment. Information you provide about why you left specific employment may be disclosed to that employer, so your eligibility for benefits and the effect on the employer can be determined.

Information you or your employer provide to the Unemployment Insurance Program is classified as private under Minnesota law. It cannot be disclosed without your written permission except as specified in state or federal law. Below is a partial list of agencies that may obtain information you provide the Unemployment Insurance Program.

- Child Support Enforcement Agencies
- Federal and State Law Enforcement
- Internal Revenue Service
- Minnesota Department of Revenue

- Social Security Administration
- State and Local Public Assistance Agencies
- · Unemployment Insurance Programs in other States
- U.S. Immigration and Customs Enforcement

Minnesota Statute 268.19 has the complete list of agencies that may obtain your information from the Unemployment Insurance Program. Information you provided may be verified with these agencies through electronic matching.

* I have read and understand the above. ○ Yes ○ No		
	Previous Next	
To navigate in the registration process use the Previous or Next buttons at the bottom of the page. Do not use the "Back" or arrow buttons on your browser.		
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STEP 6. Types of Employment: Answer each question as it applies to you.

Be sure to select 'Yes' to the question – Did you work in Minnesota? - if you are not in the U.S. military or federal employment.

When finished, select Next.

Types of Employment	
Between October 01, 2018 and today: Answer Yes	
Did you work in Minnesota ? (do not include U.S. military or federal employment) ○ Yes ○ No	
^c Did you work in another state ? (<i>do not include U.S. military or federal employment</i>) ○ Yes ○ No	
⁻ Did you serve in active duty in the <u>U.S. military?</u> ○ Yes ○ No	
ⁱ Did you work as a <u>federal employee?</u> (do not include U.S. military) ○ Yes ○ No	
· Did you work in <u>self-employment</u> or as an <u>independent contractor?</u> ○ Yes ○ No	
Additional Information	
Where did you last work?(Select a state, U.S. territory, or "outside the United States")	
Did you apply for unemployment benefits in another state between March 24, 2019 and today ? ○ Yes ○ No	
^s Do you live in the United States? ○ Yes ○ No	
If yes, enter your ZIP code	
Are you now physically in Minnesota? ○ Yes ○ No	
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Note: You may receive a \bigotimes Validation Error(s) message if you miss a question or the answer you provide does not match a previous answer given for a similar question. To fix the error, look through the page for the validation symbol \bigotimes .

STEP 7. Applicant Authentication: Enter your Social Security number (no dashes). Answer the other questions and then select **Next**.

Applicant Authentication	
Complete the questions below to begin the authentication process:	
1. *Enter your Social Security Number:	(No Dashes)
*Confirm your Social Security Number:	(No Dashes)
3. *Birth Date:	/ / (mm/dd/yyyy)
4. *Gender:	○ Male ○ Female
*Do you have a Drivers License or State ID?	○ Yes ○ No
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STEP 8. Applicant Authentication – continued. If you selected 'Yes' to the question "Do you have a Drivers License or State

ID?" you will need to provide your Drivers License # or State ID # (no dashes). Select Next.

mplete the questions below to begin the authentication process: *Issuing State:	Minnesota
*Drivers License # or State ID #:	(No Dashes)
*First Name (as it appears on your Social Security card):	
Middle Initial:	
*Last Name (as it appears on your Social Security card):	
Suffix (ie., Jr., Sr.):	
	Previous Next

STEP 9. Assign password. Enter a unique password, select a security question and enter the answer to your question, and then select **Next**.

Your password, along with your Social Security number, is your electronic signature. You will need your password to contact a Customer Service Representative. Make sure to keep it in a safe place.

Use a password that you can remember easily (like a word or number) but that only you know.

When you create your password online, you can use letters and numbers, but no spaces or special characters, like symbols or punctuation.

Good example: doggy5,

Bad examples: dogg y (space), doggy* (symbols), or doggy! (punctuation)

You will use the same password online and on the phone. When entering your password by phone, you will have to press the buttons corresponding to any letters.

Example: If the password you created online is DOGGY5 you would press the buttons on your phone that has each of those letters: 3 6 4 4 9 5

Message(s)		
 Enter a password that is 6 characters in length Use letters, numbers or combination of letters and numbers Do NOT use spaces or special characters Keep both your password and security answer in a safe, secure place Assign Password		
1. * Password:		
2. *Confirm Password:		
3. *Select Security Question:	(Select one)	~
4. *Enter Security Answer:		
5. *Confirm Security Answer:		
	Next	
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STEP 10. Your contact information. Enter your address, telephone number, and email address (if you have one). Select Next.

During COVID-19, we may use your email address to send you periodic messages about your account.

We are not currently able to answer questions about accounts via email.

General Information - Contact Information			
First Name:			
Middle Initial:			
Last Name:	Suffix:		
1. In care of (c/o):		(if applicable)	
2.* Street Address or PO Box:		(Include apartment or unit number)	
3. *City:			
4. State / Province:	(Select one)	(U.S. and Canadian only)	
5.* Zip / Postal code:			
6. County of Residence:	(Select one)	(Minnesota Residents only)	
7. *Country:	UNITED STATES OF AMERICA	v	
8.* Telephone Numbers - U.S. or Canada only			
Home:	() -		
Cell:	() - [] - []		
Other:			
9. Telephone Number - Non U.S. or Canada:			
10.* When possible, would you like to view your mail <u>via Email</u> , instead of by U.S. Mail?	○ Yes ○ No		
If Yes, enter Email Address:			
Confirm Email Address:			
Keep the address on your account up-to-date for at least four years after your last request for benefit payment. Even after you stop requesting benefits, your account may be audited or we may need to contact you for other reasons. If we can't reach you, audit findings will be made without your input, and you will be responsible for any overpayments that might result.			
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STEP 11. Demographic Information. Complete the questions as they apply to you. Select Next.

Demographic Information	
* Are you a U.S. <u>military veteran?</u>	
○ Yes ○ No	
* Ethnic Heritage:	
○ Hispanic or Latino	
 Not Hispanic or Latino 	
O I choose not to answer	
* Race:	
O White	
 Black or African American 	
○ Asian	
 Alaskan Native or American Indian 	
 Native Hawaiian or other Pacific Islander 	
 More than one race 	
 I choose not to answer 	
* Highest level of education:	
(Select one)	
* Do you have a <u>disability?</u>	
○ Yes ○ No ○ I choose not to answer	
* Are you a U.S citizen?	
○ Yes ○ No	
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STEP 12. Child Support Information. Answer the question and then select **Next**. If you are required to pay child support, you will need to provide additional information before moving on to the next page.

Child Support Information	
* Are you required by a court or other enforcement agency to pay child support?	
○ Yes ○ No	
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STEP 13. Work information. Answer each question as it applies to you.

Note: Most unions in Minnesota are not hiring hall unions.

If you know when your employer will call you back to work, answer **'Yes'** to the question "Do you have a definite recall date?" Enter that date. Keep that date handy for additional questions later in the application process.

If you do not expect to go back to work or are not sure when you will go back to work, answer **'No'** to the question about your recall date.

General Information - Work Information		
*Are you a current member in good standing of a <u>union</u> that	○ Yes ○ No	
 requires you to seek work through that union's hiring hall; or assists you in finding work? If Yes, select one of the following		Provide the date you will return to work, if known.
(Select one) *Is your employment seasonal?	○ Yes ○ No	Keep date available for use
*Do you have a definite recall date?	○ Yes ○ No	later in application.
If "Yes", what is your recall date?	/ / (mm/dd/yyyy)	
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STEP 14. Describe your work. Select the overall type of work that best describes your job and then **Next**.

For this example, the category that best describes the person's type of work is *Food preparation and services*.

Des	Describe your work				
Nex	Next we want to know what you consider your "usual" job title. The job title for which you would be looking for work.				
This	This is a three part question:				
	 The first question asks about your overall type of work The next will define it closer to the job you usually do 				
	 The third question should be your usual job title or as close to it as the options provide 				
* Be	egin by selecting your overall type of work from the list below:				
	Architecture and engineering (Architects, drafters, engineers, surveyors)				
	Arts, design, entertainment, sports, and media (Artists, designers, entertainers, media equipment workers, writers)				
	Building and grounds cleaning and maintenance (Building maintenance, grounds maintenance, janitors)				
	Business and financial operations (Accountants and tax specialists, business operations managers, financial analysts)				
	Community and social services (Counselors, social service specialists, social workers)				
	Computer and mathematics (Actuaries, computer programmers, database administrators)				
	Construction and extraction (Carpenters, construction workers, electricians, equipment operators, plumbers)				
	Education, training, and library science (Archivists, librarians, teachers, teaching assistants)				
	Farming, fishing, and forestry (Agricultural workers, breeders, logging)				
	Food preparation and services (Bartenders, chefs, cooks and food preparation, food servers)				
	Healthcare practitioners and technicians (Dentists, physicians, nurses)				
	Healthcare support (Home healthcare aides, nursing or medical assistants, occupational or physical therapists)				
	Installation, maintenance, and repair (Automotive or aircraft mechanics, electronics, maintenance or repair, heating and air technicians)				
	Legal (Judges, lawyers, paralegals)				
	Life, physical, and social sciences (Economists, social science research, scientists)				
	Management (Advertising and sales managers, executives, operations managers)				
	Military specific (Military enlisted tactical operations, military officers or specialists)				
	Office and administrative support (Customer service representatives, financial clerks, office and administrative support)				
	Personal care and service (Barbers or cosmetologists, personal care aides)				
	Production (Food processing, laundry and dry cleaners, plant operators)				
	Protective services (Correctional officers, fire fighters, law enforcement, security guards)				
	Transportation and material moving (Drivers, pilots, rail or water transportation operators)				
	I cannot find my type of work				
	Previous Next				

STEP 15. Describe your work – continued. Select your trade or occupation and then select Next.

For this example, the category that best describes the person's trade or occupation is *Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop*.

Des	scribe your work	
You	a selected Food preparation and services as your type of work.	
* Se	elect your trade or occupation:	
	Bartenders	
	Cooks	
	Dining Room and Cafeteria Attendants and Bartender Helpers	
	Dishwashers	
	Fast Food and Counter Workers	
	First-Line Supervisors/Managers, Food Preparation and Serving Workers	
	Food Preparation Workers	
	Food Servers, Nonrestaurant	
	Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop	
	Miscellaneous Food Preparation and Serving Related Workers	
	Waiters and Waitresses	
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STEP 16. Describe your work – continued. Select your job title that best describes your job and then select **Next**.

For this example, the category that best describes the person's job title is *Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop*.

Describe your work			
You selected Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop as your trade or occupation.			
Select the job title that best describes your job:			
Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop			
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STEP 17. Describe your work – continued. Enter the number of years you have done this type of work and then select **Next**.

Describe your work			
Type of work: Food preparation and services			
Your trade or occupation: Hosts and Hostesses, Restaurant, Lounge, and	Coffee Shop		
Your job title or description: Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop			
* How many years have you done this type of work?			
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STEP 18. Payment method. Select how you would like to receive your benefit payments.

There are two choices: debit card or direct deposit. Most people find that direct deposit is the most convenient way to get paid. Select your preferred payment method and then select **Next**.

Payment method	
* Select your payment method:	
 Direct deposit to a personal bank account in the U.S. 	
O Unemployment debit card	
Note: You can change your payment option or direct deposit information at any time.	
View system security information	
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STEP 18a. Payment method – **direct deposit**. If you select direct deposit, enter your routing number (if you need more information about where to find your routing number, select the routing transit number link). Select Verify to confirm your bank's routing transit number. Enter your bank account number and then select **Next**.

Direct deposit
* Select your bank account type:
O Checking O Savings
* Enter your routing transit number:
* Select "Verify" to confirm your bank's routing transit number:
Verify
Based on the routing transit number you entered, your bank is:
* Enter your <u>bank account number:</u>
* Re-enter your bank account number:
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STEP 18b. Payment method – Unemployment debit card. If you chose debit card, review the *important information about unemployment debit card fees*, select **Yes**, and then select **Next**.

Unemployment debit card			
Select the link below to view important information required by law:			
You are required by law to view this important information about unemployment debit card fees.			
 * I have read the information about unemployment debit card fees. ● Yes ○ No 			
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STEP 19. Tax Withholding. Unemployment benefits are taxable income under both federal and Minnesota law. Select whether you would like taxes withheld from any unemployment benefits you receive.

Your withholding options are:

- 15% federal and state taxes;
- 10% federal only;
- 0% no income tax withholding.

You may update your withholding choice at any time after you apply.

Tax With	Tax Withholding			
Unemployment benefits are taxable income under both federal and Minnesota law. * I authorize the Minnesota Unemployment Insurance Program to withhold <u>income taxes</u> from my unemployment benefit payments as follows:				
Select Vithholding				
one:		Percentage		
0	Federal income tax + Minnesota state income tax	15%		
0	Federal income tax	10%		
0	No income tax withholding	0%		
Note: You may change your withholding choice at any time after you apply.				
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STEP 20. Employment Information. Review the list of your known employers. Select **Next** to begin entering information about your employment with them.

Note: If you do not see an employer listed on this page, select Next. You will need to add your employer (see STEP 22).

Employment Information			
A complete list of employment from 10/01/2018 to 03/26/2020 is needed to determine your eligibility and Weekly and Maximum benefit amounts. The following is a list of your known employers. Select "Next" to begin entering the needed information about them. (Where did this list come from?) You will have the opportunity to add more employers after you have entered information about these.			
Employer's Legal Name Alpha Bravo Charlie, Inc.	Employer's Business Name ABC, Inc.		
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STEP 21. Detailed Employment Information. You will now answer questions about the employers listed on the previous page.

Pay attention to the employer name and information listed at the top when answering the question on this page. An employer's legal name and business address may be different than what you are used to. Look at a paycheck or W-2 from your employer to help determine if you worked for the company listed.

Minnesota Detailed Employment Information	
Minnesota Employer Legal Name: Alpha Bravo Charlie, Inc.	
Minnesota Employer Business Name: ABC, Inc.	
Employer Address (main office, payroll office, headquarters) 28 WILLOW LN SAINT PAUL MN 55125-1148	
Employer Work Location Address 28 WILLOW LN SAINT PAUL MN 55125-1148	
* Did you work for this employer anytime in the last 18 months? ○ Yes ○ No	
If "Yes", complete the following information:	
If "No", this employer will be notified that you indicated you did not work for them.	
Most Recent Work Address: if you did work for this employer, but the work locatio	n address is different, enter the address below.
Street Address: City: State: (Select one) ZIP Code: -	
Employer phone number:	

STEP 21. Detailed employment information – continued. Complete the questions on this page.

Select COVID-19 as your reason for separation from your employer. Select COVID-19 even if you are still working and your hours have been reduced.

Select Next.

* First day worked:
/ / (mm/dd/yyyy)
* Last day worked:
/ / (mm/dd/yyyy)
(If you are still working, enter your most recent date worked.)
* Pay rate:
\$
O per hour
O per week
 per month
O per year
* Average number of hours worked per week:
* Job title:
* Is this business owned or partially owned by you, your spouse, your parent, or your child?
○ Yes ○ No
* Is the employer a temporary agency ?
○ Yes ○ No
* Reason for separation from this employer:
 Layoff: Some examples are: lack of work, temporary layoff, seasonal layoff, reduction in force (RIF), your position was eliminated, your employer's business
closed/plant shutdown (temporarily or permanently).
 Quit: You decided to leave your employment. This includes work-related, personal, or medical reasons, change in residence, found other job, etc.
 Discharged/Dismissed/Terminated: Your employer decided to end your employment for reasons other than layoff.
 Suspension: Your employer will temporarily not allow you to work. For example: Pending an investigation or disciplinary action. (if for medical reasons, go to leave of
absence).
 Leave of Absence: You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
 COVID-19: You are currently unemployed as a direct or indirect result of COVID-19/ Coronavirus.
 Still working: This includes part-time, on-call employment or reduced hours.
 Business Sold or Closed: You either sold or closed a business that you had a controlling ownership in.
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STEP 22. Additional and Complete Employment. Review the list of employers. If the list of employers on this page is complete and accurate, select **Click Here After All Employers are Entered**.

To add an employer that was not shown on the previous screens, select the appropriate "Add employment" button and provide the detailed employment information as instructed in STEP 21.

It's important that you do your best to find your employer. Keep in mind an employer's legal name and business address may be different than what you are used to. Look at a paycheck or W-2 from your employer to help determine if you worked for the company listed.

ne your eligibility and benefit amount.			
 If this list of employers is complete and accurate, select "Click Here After All Employers Are Entered" button. 			
 To add an employer not shown, select the appropriate "Add" button at the bottom of this page. 			
. If the Employer List includes an employer you did not work for, you can "delete" the employer only if that employer did not provide our agency with wage information. When			
Employer's Business Name	Delete		
ABC, Inc.			
	Delete Selected Employer(s)		
	Delete Selected Employer(s)		
Add Military Employment			
Add Enderst Continuent			
Add Pederal Employment			
Click Here After All Employers Are Entered			
Previous			
	or All Employers Are Entered		

STEP 23. Benefit account date. Select the week that you first became unemployed or had your hours reduced.

Employment Information - Benefit Account Date
* Please select the effective date of your unemployment benefit account from the following two choices:
 Effective Date Sunday, March 22, 2020
 Effective Date Sunday, March 15, 2020 (You must have been available for work and unemployed in order to backdate your account.)
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STEP 24. Separation questions due to COVID-19. You will have to answer additional questions about how your job was affected by COVID19. Complete all questions the best you can.

Answer Yes to the question "Are you unemployed or working fewer hours due to COVID-19/coronavirus or related concerns?"

Respond to the following questions the best you can:

- Do you have a medical condition or medical reason you are not able to work due to COVID-19?
- Do you have a childcare, transportation, or other reason why you are not able to work due to COVID-19?
- Are you being paid?

Some questions are a little repetitive due to system functionality issues. We apologize for that. Please provide details in at least one response box, then enter "COVID-19" to any repeated questions.

Enter your employer's telephone number (or your own if you don't have their number) when you are asked for the "Telephone number of the person who decided you would no longer be working."

Unemployment Insurance Request for Information	
Employer name Doing business as Employment start date Employment end date Average number of hours worked per week Last wage Job title	E E C E
The following information is needed to determine your eligibility for un from available information. *Are you unemployed or working fewer hours due to COVID-19/coronavirus or related concerns? If yes: Do you have a medical condition or medical reason you are not at Do you have a childcare, transportation, or other reason why you a Are you being paid?	
Telephone number of the person who decided you would no longer be working:	

STEP 24. Separation questions due to COVID-19 - continued.

You will be asked if your employer is still doing business. If you answer *Yes*, you will need to provide a date you stopped working. You must enter the same date you listed as the last day of work you reported earlier in the application.

You will be asked "what date will you be able to return to work?" If you entered a date earlier in the application, you must enter that same date.

*Is your employer still doing business?	○ Yes ○ No		
If yes:			Enter date you stopped working
What date did you stop working for this employer?	/ / (mm/dd/yyyy)	for your last employer. Use the
Did your employer tell you to not report to work?	○ Yes ○ No		
Was there still work available?	○ Yes ○ No		same date you entered as your
If no:			last day worked in STEP 21.
Do you plan to return to this employer, explain why?			
Are you being paid by this employer during the closure?	\odot Yes \odot No		
Is this closure temporary?	○ Yes ○ No		
Were you given a return date?	○ Yes ○ No		Enter the date you will be able to
If yes, what date will you be able to return to work?		mm/dd/yyyy)	return to work. Use the same date you entered in STEP 13 as
*Were you no longer able to work due to child care or transportation (or what else?)?	○ Yes ○ No		your recall date.
If yes:			
Why are you unable to work? (Childcare, transportation, etc)	?		
Did you ask for accommodations to continue working?			
Did you ask for accommodations to continue working?			
<u> </u>			

STEP 24. Separation questions due to COVID-19 - continued.

You will be asked if were told to stop working or not to report to work by your employer. If you answer *Yes*, you will need to provide the date you last worked for this employer. You must enter the same date you listed previously.

*Were you told to stop working or not to report to work by your employer? If yes:	⊖ Yes ⊖ No	
Were you told this was temporary?		
What is the name and title of the person who told you to sto	p working or not to report to work?	
*Date you last worked for this employer:	/ / (mm/dd/yyyy)	Enter date you stopped working
* Time you left work that day:	* :* * (Select one) V	for your last employer. Use the
*Could you have continued working?	○ Yes ○ No	same date you entered above AND as your last day worked in STEP 21.
If no:		as your last day worked in STEP 21.
Explain why you did not continue working.		
Are you still being paid by your employer?	⊖ Yes ⊖ No	
*What was your next scheduled work date?	/ / (mm/dd/yyyy)	
* What time do you normally start work each day?	* * * (Select one) 🗸	
*Will your employer be open that day?	⊖ Yes ⊖ No	
*Why are you no longer working?		
~		

STEP 24. Separation questions due to COVID-19 - continued. Complete the COVID-19 related questions, and then select Next.

*Are all employees impacted?	○ Yes ○ No
If yes:	
On what date did your company announce this?	/ / (mm/dd/yyyy)
What is the name of your current employer?	
If no, explain why your position was impacted:	
I will be sending in documents that support my answers.	
Please describe the documents.	
If you wish to provide any additional information about this issue, plea	ase provide it below:
ST-120A	
	Previous Next
If you check the box to submit additional documentation, a cove sheet now, go to your Account Home page.	r sheet will be mailed to you to include with your documents. If you would like to print the cover
	Accessibility Privacy and security System requirements

Note: You may receive a \bigotimes Validation Error(s) message if you miss a question or the answer you provide does not match a previous answer given for a similar question. To fix the error, look through the page for the validation symbol \bigotimes .

 Validation Error(s) Please provide an answer for "If no, explain why y 	our position was impacted", because of the answer you provided to "Are all employees impacted?".
*Are all employees impacted?	O Yes ⊙ No
If yes:	
On what date did your company announce this?	/ / (mm/dd/yyyy)
What is the name of your current employer?	
If no, explain why your position was impacted:	

STEP 25. Eligibility Information. We will ask about other sources of income. Answer Yes or No as appropriate. Select **Next**.

Be sure to report if you will received vacation pay or Personal Time Off (PTO) pay while you're not working.

Flinibility Information	
Eligibility Information	
Have you applied for or are you receiving any of the following:	
1. * <u>Social Security</u> Retirement Benefits based on your own earnings?	○ Yes ○ No
 Does NOT include Supplemental Security Income (SSI), Survivors or Dependent benefits Individuals are not eligible for Social Security Retirement until age 62 	
 *Payments from a <u>Union Pension fund</u> contributed to by one or more employers? (Including lump sum and periodic payments) 	○ Yes ○ No
 *Payments from a pension fund, annuity fund or a retirement account contributed to by an employer? (Including 401K, and lump sum or periodic payments) 	○ Yes ○ No
Since 10/01/2018, have you received, applied for, or are you receiving any of the following:	
4. * <u>Social Security</u> Disability Benefits?	○ Yes ○ No
Does NOT include Supplemental Security Income (SSI)	
5. *Workers Compensation payments for loss of wages?	○ Yes ○ No
6. * Other disability payments for loss of wages?	○ Yes ○ No
Since 10/01/2018, have you received, or do you expect to receive any of the following upon separation fro	om employment:
 *Accrued vacation pay or Personal Time Off (PTO) pay? Includes temporary layoff Does NOT include holiday pay 	○ Yes ○ No ○ Not Sure
*Severance or any other separation payments?	○ Yes ○ No ○ Not Sure
 Examples: bonus pay, wages in lieu of notice (notice pay), sick pay, not working but on the payroll, retention pay Does NOT include holiday pay or regular earnings for work performed. 	
Since 10/01/2018:	
 *Have you worked for an <u>educational institution</u> or an <u>employer contracting services to schools?</u> Does NOT include Head Start programs 	○ Yes ○ No
10. *Were you paid to participate in, or train for any sporting events at any level as a coach, athlete or referee?	○ Yes ○ No
11. *Are you currently enrolled in school or a training program?	○ Yes ○ No
12. *Have you refused an offer of employment since 01/26/2020?	○ Yes ○ No
Previous Next	
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STEP 26. Review your application – edit answers. This last page of the application allows you to review all the questions we've asked, along with your answers. Please review your answers for each section of the application.

Need to change an answer? Follow the instructions on the next page (STEP 26a).

Ready to submit your application? When you are satisfied with your answers, return to the top of this page. Select the **Yes** checkbox; re-enter your **Social Security number** (no dashes) and then select the button "**Submit the Unemployment Benefit Application**."

• Message(s)

- You indicated that you are "not sure" if you will receive Vacation Or Personal Time Off (PTO) pay because of or upon your separation from employment. You must contact the Department if you receive vacation or PTO pay during a temporary, seasonal, or indefinite layoff.
- You indicated that you are "not sure" if you will receive severance or any other payments due to separation from employment. You must contact the Department if you receive, or if you are notified by your employer that you will receive severance or any other payments due to separation from employment.

Your application is not complete yet! To complete your application you must do the following:

- · Review your entries before submitting this application by selecting the links below or scrolling down the screen.
- . If you need to change your entries select the "Modify Answers" button to go back to the appropriate section of the application.
- . Check the "Confirm your Identity and Information" box, and re-enter your Social Security Number.
- · Select "Submit the Unemployment Benefit Application", and wait for a confirmation page.

Review and Edit Contents

To review each section of your application click on the section header links below or scroll down the screen.

- Initial Questions
- General Information
- Employment Information
- Eligibility Questions

Confirm your Identity and Information
Confirm your Identity and Information Yes, have answered all questions fully and truthfully. I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility equirements and follow the payment procedures in the "information Handbook".
*Enter your Social Security Number: [] (Do not enter dashes)
For a Printer Friendly version of your application click here.
Submit the Unemployment Benefit Application
The following is a summary of your entries during this Unemployment Benefit Application process.

STEP 26a. Change an answer. Each section of the application provides a Modify button for you to quickly return to that section and correct an answer.

When you select the Modify button for a section, it will take you back to the beginning of that section. You most likely will need to move through the application pages to find the answer that needs to be updated. Use the **Previous / Next** buttons found at the bottom of each page to do this. After you have updated your answer, you must click through the application until you return to the Review page.

Types of Employment
Between October 01, 2018 and today:
* Did you work in Minnesota ? (do not include U.S. military or federal employment) Yes
* Did you work in another state ? (do not include U.S. military or federal employment) No
* Did you serve in active duty in the <u>U.S. military?</u> No
* Did you work as a <u>federal employee?</u> (do not include U.S. military) No
* Did you work in <u>self-employment</u> or as an <u>independent contractor?</u> No
Additional Information
* Where did you last work?(Select a state, U.S. territory, or "outside the United States") Minnesota
* Did you apply for unemployment benefits in another state between March 24, 2019 and today ? No
* Do you live in the United States? Yes
If yes, enter your ZIP code 55101
* Are you now physically in Minnesota? Yes
Modify
Top of Page

STEP 27. Confirmation page. Your confirmation page provides important information, including:

- A copy of your application. Select "View printable version" to print a copy.
- Your *weekly and maximum benefit amount*. Please note the weekly benefit and maximum benefit amounts may be blank on this screen; do not worry if this is the case. We will provide an updated benefit amount once we have processed your application.
- **COVID-19 Information** that provides answers to system responses that may be concerning to you.
- When to submit a **Request for Benefit Payment**. (If you don't see a link to request payment, please allow more time. We are verifying your information. A link will be added to your account as soon as possible.

The **Next** button provides additional information about using your account and resources to help you return to work.

Unemployment Benefit Application Confirmation Your Unemployment Benefit application has been submitted. To be paid benefits, you must follow the instructions below.	
Time and date submitted:	
Check your online account for updates. We will notify you if we need additional information.	
Please know that we are working on your application as guickly as possible.	
If you have access to a printer, select view printable version. Keep the printed copy for your reference.	
Weekly and Maximum Unemployment Benefit Amount	
Based on information currently in agency files, a preliminary estimate of your benefits is indicated below:	
• Weekly Benefit Amount: \$ Benefits	
Maximum Benefit Amount: \$	
This is only an estimate; the actual benefit amount may be different. An official "Determination of Benefit Account" will be mailed to you.	
COVID-19 Information	
We understand how difficult it is to suddenly lose your job. We've compiled a list of financial help and community services on our website. This page can connect you to financial assistance to help cover the cost of food, health care, housing, transportation, and more.	
Here are answers to a few common questions about unemployment benefits during COVID-19.	
Why does my account say there are pending "eligibility issues"? During COVID-19, most accounts will show spending "eligibility issue" until we have completed our final review. We will contact you if we need you to do anything. We are currently processing a record number of applications. While most eligibility issues can be resolved very quickly, some may not be completed for up to 10 business days.	
Why is my estimated weekly benefit amount listed as "\$0.00"? If you do not see a benefit amount listed, we are still working to process your application. We will contact you if we need you to do anything. Please check your online account for updates.	
Why does your site tell me an estimated benefit amount is not possible? If you do not see a benefit amount listed, we are still working to process your application. We will contact you if we need you to do anything. Please check your online account for updates.	
When will I get my first payment? Please see information below about how to request payment. If we determine that you are eligible for unemployment benefits, we can process most payment requests within 3 business days. Applicants who select "direct deposit" as their method of payment usually get payment within 2-3 days. Applicants who select "debit card" as their method of payment usually get payment get a card issued to them within 7-10 days of their first payment request.	
Request Benefit Payment	
To receive unemployment benefits, you must make timely requests for payment every week. You are scheduled to submit your first Request for Payment during the week of:	
04/05/2020 through 04/11/2020 Request payments	
Information Handbook You are required to review the handbook as it informs you of your responsibilities and what you need to do to receive unemployment benefits. (The Information Handbook is always available at www.uimn.org/.)	
Return to the Welcome Page	
Next	

Your online account

Information about your unemployment benefit account is available online. After filing your unemployment benefit account, each time you log in with your social security number and password, you will be able to do the following:

- View Your Account Action Items: When additional information is needed to process your account or payment, your "Account Home Page" will display messages advising you what you need to do.
- **Request Benefit Payments**: Every week you are required to submit a request for benefit payment. Your "Account Home Page" will inform you of the time frame in which to make a timely request for benefit payment. If you don't have a link for request payment, don't panic. We are verifying your information. A link will be added to your account as possible.
- View Your Account Information: You have the ability to view any benefit determinations, payment information such as payment dates and amounts, as well as your general account information.
- **Maintain Your Account Information**: You can change your address, update your tax withholding or change your payment method.