



INITIAL CLAIM APPLICATION

INITIAL CLAIM DATA

The information you provide will be used to determine your eligibility for Unemployment Insurance benefits. It is important that your information is accurate and complete for all questions asked. The law provides penalties for withholding information or making false statements to obtain benefits.

Please answer the following questions: (* indicates a required field)

* 1. In the last 12 months, have you filed a claim for benefits against any state other than Oregon? Yes No

* 2. Enter the state you are currently physically located in:

In the last 18 months did you:

* 3. Work in Oregon? Yes No * 4. Work outside the state of Oregon? Yes No

* 5. Perform any active military service of 90 days or more, other than training with a National Guard or reserve unit? Yes No

* 6. Work as a merchant seaperson? Yes No

IDENTIFICATION (Please enter the following information to help us properly identify you)

* Social Security Number:

We verify all social security numbers through a computer match with the Social Security Administration. Your unemployment insurance application can not be completed if this match is not successful.

The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming unemployment compensation. Your Social Security Number will be used to report your unemployment benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. The number will be sent to the Social Security Administration for identity verification. The number will also be used as a record for processing your claim, for statistical purposes, to register you in our electronic job matching system (iMatchSkills) and will be shared with WorkSource Partners for One-Stop services. The number may be used for state agency debt collection activities and may be sent to U.S. Bank to issue you a ReliaCard VISA card through which you will be paid benefits.

USER REGISTRATION

* First Name: * Last Name: Middle Initial:

If your employer(s) know you by another name, please enter it:

* Date of Birth: * Gender: Male Female

* Are you a U.S. citizen? Yes No Driver's License Number:

Driver's License State: Email Address:

The Oregon Employment Department does not send or ask for claim related information via e-mail. E-mail will only be used to communicate issues about the use and availability of our website to customers, and to provide general information on the unemployment insurance program.

CONTACT INFORMATION

* Mailing Address: City:

State: Zip Code:

Check here if your street address is the same as your mailing address:

* Street Address: City:

State: Zip Code:

Are you of Hispanic or Latino ethnicity? Yes No Race: (select all that apply from below)

American Indian or Alaska Native Hawaiian Native or Other Pacific Islander Asian White
 Black or African American Other

Do you require information in a language other than English to understand Employment Department Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please list primary language:		* Highest grade of school completed:
* Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you a member of a union that allows you to seek work only through your union hiring hall or that restricts you to seeking work only with union employers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your union number?		
PRIMARY OCCUPATION		
* What is your primary occupation:		
* Are you seeking and willing to accept this type of work now?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" please explain why, and enter what specific type of work you are seeking now, (Enter a specific occupation. Do not list "any".):		
ELIGIBILITY QUESTIONS		
NOTE: Eligibility for benefits requires that you be willing to accept and be available for both full-time and part-time work.		
* Are you willing to work full and part-time?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please explain:		
NOTE: Eligibility for benefits requires that you be willing to work and be available for work during all of the days and hours customary for the type of work you are seeking.		
* Are you willing to work during all of the days and hours normal for that type of work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please explain:		
* What was your salary/wage when last working in your primary occupation?		\$ _____ per _____
* Are you willing to accept the same rate of pay for future work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please explain why and enter the lowest rate of pay you are willing to accept:		
* Is there any reason you cannot begin full-time work now? (For example: self-employment, injury, illness, childcare, transportation, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain:		
* Did you turn down any work since you last worked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain:		
* Are you attending school?		<input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
* In the last 18 months, did you work for more than one employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you self employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
* Did you work as a professional athlete during the last 18 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Were you unable to perform any work due to illness or injury during the greater part of any calendar quarter in the last 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was at least half of your earned income in the last 12 months from a farm, orchard, field, ranch, plant nursery, and/or Christmas tree harvest work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was at least half your earned income in the last 12 months from meat processing, poultry processing, fruit, fruit juice or vegetable canning, freezing, pickling or brining and/or making jams, jellies or preserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you travel (beyond normal commuting distance from your permanent home) to look for or accept any work listed in the two previous questions in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a physical or mental impairment that constitutes a substantial barrier to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a veteran who has a 100% service-connected disability, who died of a service-connected disability, or who was/is Missing in Action (MIA) or a Prisoner of War (POW)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER INFORMATION

To list more employers, use the Additional Employer form and attach it to this application. This information will be verified with your employer(s).

We will also notify all employers you worked for during the last 18 months.

NOTE: if you were self-employed, list your employer as "SELF EMPLOYED".

EMPLOYER #1:	*Most Recent Employer Name:	
*Start Date of Employment:	*Last Day of Work:	
*Total gross earnings for this period (or best estimate for the last 12 months):		
* Did you work for this employer in a state other than Oregon in the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Is this employer an agency of the Federal government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer mailing address: * Street Address Line 1:		
Street Address Line 2:		
*City:	*State:	*Zip Code:
<input type="checkbox"/> Check here if mailing address is same as address where you worked:		
Address where you worked: * Street Address:		
*City:	*State:	*Zip Code:
*Employer Phone Number:	*Job Title:	
Job Duties:		
*Last Pay Rate: \$ _____ per _____		
Have you separated from your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, why are you no longer working for this employer?		
<input type="checkbox"/> Discharged/Fired/Terminated <input type="checkbox"/> Voluntary Quit/Resigned <input type="checkbox"/> Layoff due to permanent lack of work <input type="checkbox"/> Suspended <input type="checkbox"/> Leave of absence <input type="checkbox"/> Still Working/Hours Cut <input type="checkbox"/> Temporarily Unemployed		
If you are temporarily unemployed, enter your expected return to work date here:		

EMPLOYER #2:	*Employer Name:	
*Start Date of Employment:	*Last Day of Work:	
*Total gross earnings for this period (or best estimate for the last 12 months):		
* Did you work for this employer in a state other than Oregon in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Is this employer an agency of the Federal government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer mailing address: * Street Address Line 1:		
Street Address Line 2:		
*City:	*State:	*Zip Code:
<input type="checkbox"/> Check here if mailing address is same as address where you worked:		
Address where you worked: * Street Address:		
*City:	*State:	*Zip Code:
*Employer Phone Number:	*Job Title:	
Job Duties:		
*Last Pay Rate: \$ _____ per _____		
Have you separated from your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, why are you no longer working for this employer?		
<input type="checkbox"/> Discharged/Fired/Terminated <input type="checkbox"/> Voluntary Quit/Resigned <input type="checkbox"/> Layoff due to permanent lack of work <input type="checkbox"/> Suspended <input type="checkbox"/> Leave of absence <input type="checkbox"/> Still Working/Hours Cut <input type="checkbox"/> Temporarily Unemployed		
If you are temporarily unemployed, enter your expected return to work date here:		
EMPLOYER #3:	*Employer Name:	
*Start Date of Employment:	*Last Day of Work:	
*Total gross earnings for this period (or best estimate for the last 12 months):		
* Did you work for this employer in a state other than Oregon in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Is this employer an agency of the Federal government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer mailing address: * Street Address Line 1:		
Street Address Line 2:		
*City:	*State:	*Zip Code:
<input type="checkbox"/> Check here if mailing address is same as address where you worked:		
Address where you worked: * Street Address:		
*City:	*State:	*Zip Code:
*Employer Phone Number:	*Job Title:	
Job Duties:		
*Last Pay Rate: \$ _____ per _____		
Have you separated from your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, why are you no longer working for this employer?		
<input type="checkbox"/> Discharged/Fired/Terminated <input type="checkbox"/> Voluntary Quit/Resigned <input type="checkbox"/> Layoff due to permanent lack of work <input type="checkbox"/> Suspended <input type="checkbox"/> Leave of absence <input type="checkbox"/> Still Working/Hours Cut <input type="checkbox"/> Temporarily Unemployed		
If you are temporarily unemployed, enter your expected return to work date here:		

TAX WITHHOLDING

AUTHORIZATION FOR TAX WITHHOLDING

Any unemployment insurance benefits you receive are fully taxable income if you are required to file a tax return. You may need to make estimated tax payments. For more information on estimated tax payments, contact the Internal Revenue Service. For state tax information, contact the Oregon Department of Revenue.

You may choose to have 10% of your benefits withheld for federal taxes and/or 6% for state taxes.

* Do you choose to have 10% of your unemployment benefits withheld for federal income taxes? Yes No

* Do you choose to have 6% of your unemployment benefits withheld for state income taxes? Yes No

This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.

NOTE: The first benefit payment is made by check. All subsequent payments are issued electronically by ReliaCard VISA or direct deposit. Once your first payment is approved, a ReliaCard VISA debit card will be sent to you. You have the option of applying for direct deposit, however payments will be issued by ReliaCard until a direct deposit application is received.

ALTERNATE BASE YEAR

To qualify for an unemployment insurance claim, you must have enough wages/hours in the Base Year. The regular Base Year is first four of the last five calendar quarters that are complete on the date you file your claim. If you do not qualify for a Regular Base Year claim in Oregon or against any other state where you worked during the base year, your claim will be redetermined using more recent wages and we will file an Oregon Alternate Base Year (ABY) claim.

The ABY claim uses the wages/hours in the last four calendar quarters that are complete as of the date you file your claim.

Information about ABY claims:

1. You are not eligible for an ABY claim if you qualify using the regular Base Year. We will search for any possible missing wages. If we later find more wages/hours in the regular Base Year, we will change your ABY claim to the regular Base Year. This may change the amount of your benefits.
2. For an ABY claim, we drop the oldest quarter of wages/hours from your claim and add the most recent completed quarter of wages/hours.

If you file an ABY claim now, you cannot reuse this newer quarter of wages on any future claim. A later claim may be based on only three calendar quarters of wages/hours.

CERTIFICATION

Please read the following certification prior to submitting your application for benefits.

1. I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States.
2. I understand the questions I have been asked. My answers are true to the best of my knowledge.
3. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits.
4. When claiming unemployment insurance benefits online, or by touch-tone telephone, I accept the responsibility for the security of my personal identification number (PIN). I will notify the Employment Department to have my PIN changed if I forget my PIN or if it becomes known to someone else.
5. By submitting this application, I hereby register for work and request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provide for administering unemployment insurance and employment service activities.

6. Eligibility Notice: Your Work Search Requirements
Your benefits will be DENIED if you do not seek work as required!

Each week you claim benefits, you must be:

- Physically and mentally able to work
- Available for full-time, part-time, and temporary work — usually during the days and hours normal for your type of work
- Actively seeking work for jobs you may be hired to do

To be considered actively seeking work, you must make two direct-employer contacts AND do three additional work-seeking activities, each week you claim.

You must make direct contact with employers to ask about or apply for jobs in the way the employer prefers.

You must record:

- Date you made contact
- Company name, phone number and address, or online job posting ID number
- Person contacted (if applicable)
- How you contacted the company (phone, resume, online application, email, etc.)
- Type of work or position you applied for
- Result of your contact (applied, hired, not hired, interview, no response, etc.)

Your additional work-seeking activities may include more employer contacts, updating your resume, or searching job listings. Write down what work-seeking activity you did and the date you did it.

Although the following situations are NOT common and do NOT apply to most people, you may fall under these requirements.

If you are a union member (in good standing with a dispatching union that does not allow you to seek non-union work), you are actively seeking work if you remain on your union's out-of-work list, stay in contact with your union, and are capable of accepting and reporting for work when dispatched by the union.

You may be temporarily unemployed if you have been laid off or had your hours reduced and expect to return to work for your same employer. You must be returning to full-time work or work that pays more than your weekly benefit amount. There must not be more than four weeks between the week you became temporarily unemployed and the week you are returning to work. You are actively seeking work by staying in contact with your employer. If your return-to-work date changes and is beyond four weeks, you must begin actively seeking work at once.

If you are a federal employee who is temporarily unemployed due to a government shutdown and expects to resume work with your federal employer once the shutdown ends, you are actively seeking work by remaining in contact with your regular employer and are capable of accepting and reporting for any suitable work with that employer.

Contact the UI Center at 1-877-345-3484 if you do not know if the situations above apply to you.

I agree

IMPORTANT INFORMATION FOR YOU TO KNOW

Once your claim has been processed, the online claims system is the fastest way to perform many claim functions including filing weekly claims, restarting a claim after a reporting break, viewing your claim status, changing your address, and signing up for electronic deposit.

Unemployment claim records are confidential. We will not give information about your claim to anyone who calls unless you have already given us a signed release authorizing that person to make inquiries on your behalf.

WHAT HAPPENS NEXT?

This is what you need to do.

Claim benefits for every week you are unemployed. The week starts on a Sunday and ends on Saturday. The first week you file is called the "Waiting Week". You will not receive benefits for this week but you must claim it in order to receive future payments. Filing an initial claim alone does not establish waiting week credit. The waiting week must be claimed like any other week.

You can make your weekly claim online by going to our Online Claims System. It's the fastest way to file. The system can handle many claims functions and questions about your claim. You can also claim by using the telephone. The claimant handbook will explain how to do this.

You are required to register in iMatchSkills and have an individual review with WorkSource Center staff. iMatchSkills is the Employment Department's tool that connects you with hiring employers. You will receive a letter in a few days telling you how to register and complete your review. Failure to complete your registration and individual review will result in a denial of benefits.

This is what we are going to do.

Our claims staff will review the information you submitted prior to establishing your unemployment claim. This process may take a few days. We will contact you if we need additional information.

We will mail a statement indicating your weekly benefit amount. It will list the wages used in determining your benefits. We will request any out of state and Federal agency wages you may have. We will add them to your claim when received by our agency.

Your first benefit payment will be by check, with subsequent payments issued electronically by ReliaCard VISA or direct deposit. Additional details about payments will be available after you claim is processed.

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance is available to persons with limited English proficiency at no cost.

El Departamento de Empleo de Oregon es un empleador/programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.

Signature:

Date:

Please submit your completed application by:

Mail: Oregon Employment Department | 875 Union St. NE | Room 201 | Salem, Oregon 97311

Fax: (503) 947-1668

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
 Program Name: Oregon Unemployment Insurance

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$2.00* out-of-network	N/A

ATM Balance Inquiry (in-network or out-of-network)	\$0
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Customer Service (automated or live agent)	\$0 per call
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Inactivity (after 365 days with no transactions)	\$2.00 per month
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We charge 3 other types of fees. One of them is:

Card Replacement (standard or expedited delivery)	\$0 or \$15.00
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* This fee can be lower depending on how and where this card is used. See the accompanying Fee Schedule for free ways to access your funds and balance information.

No overdraft/credit feature.
 Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call **1-855-279-1270** or visit usbankreliacard.com.

U.S. Bank ReliaCard® Fee Schedule

Program Name: Oregon Unemployment Insurance

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement of mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-279-1270**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

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