Oregon Unemployment Insurance Application for Benefits

This form is an alternative to Frances Online (frances.oregon.gov) and the UI Contact Center (877-345-3484). Use this form only if you are unable to use Frances Online or call.

CLAIMANT REGISTRATION

First name:	Last name:	Middle initial:
If your current or past employer(s) know(s) you by another name, please enter it:		
Date of birth:	Are you a United States citizen? ☐ Yes ☐ No	
Are you authorized to work? ☐ Yes ☐ No If "Yes," include copies of work authorization documents with application.		
Driver license number and state:	Email address:	

IDENTIFICATION

NOTE: You must enter your Social Security Number to verify your identity. Protecting your personal information is important to us. We verify all social security numbers through a computer match with the Social Security Administration. Your unemployment insurance application cannot 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 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, 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 if you select ReliaCard® for your benefit payments.

Social Security Number:

INITIAL CLAIM DATA

You must tell the truth on this application.

The information you provide will be used to determine your eligibility for benefits from the Unemployment Insurance Program. It is very important that you provide true and accurate information on your application. There may be additional penalties if you intentionally make a false statement or purposefully do not report true and accurate information so you can receive benefits. Failure to answer all questions may delay the processing of your application or could cause the application to be mailed back to you.

CONTACT INFORMATION

Mailing address:		City:
State:	ZIP code:	☐ Check here if physical address is same as mailing address.
Physical address:	City:	State:
ZIP code:	Phone number:	Message phone number:

Mail Delivery Option: Your mail delivery options will determine how you receive correspondence and what your language preference is. You can also change your preferences at any time through frances.oregon.gov.

☐ Paper
☐ Electronic

Do you require information in a language other than English to understand our services? ☐ Yes ☐ No

If "Yes," please list your primary language:

PLEASE ANSWER THE FOLLOWING QUESTIONS

In the last 12 months, have you filed a claim for benefits in any state other than Oregon? ☐ Yes ☐ No

Enter the state you are currently physically located in:

Are you receiving, or will you receive, retirement pay (other than Social Security) within the next 12 months? ☐ Yes ☐ No

Are you a member of a dispatching union that allows you to seek work only through your union hiring hall or that restricts you to seeking work only with union employers? ☐ Yes ☐ No

If a member of a dispatching union, what is your union name and number?

In the last 18 months did you: Work in Oregon? ☐ Yes ☐ No Work outside the state of Oregon? ☐ Yes ☐ No

Perform any active military service of 180 days or more, other than training with a National Guard or reserve unit? ☐ Yes ☐ No

NOTE: You can attach a copy of your DD-214 member 2, 3, or 4. This is optional. However, attaching a clean and unaltered copy of your DD-214 might allow us to add military wages to your claim sooner.

Work as a U.S. Merchant Marine mariner? ☐ Yes ☐ No

PRIMARY OCCUPATION

What is your primary occupation?

Are you seeking and willing to accept this type of work now? ☐ Yes ☐ No

If "No," please explain why, and enter what specific type of work you are seeking now. 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-time and part-time? ☐ Yes ☐ No

If "No," please explain why:

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? ☐ Yes ☐ No

If "No," please explain why:

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? ☐ Yes ☐ 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? *(Examples: self-employment, injury, illness, childcare, transportation, etc.)* ☐ Yes ☐ No

If "Yes," please explain why:

Did you turn down any work since you last worked?	☐ Yes ☐ No
If "Yes," please explain why:	
Are you attending school? ☐ No ☐ Full-time ☐ Part-time If you answered either full-time or part-time, is your school attendance for apprenticeship training or to improve your job skills for long-term employment opportunities?	
In the last 18 months, did you work for more than one employer?	☐ Yes ☐ No
Are you self-employed?	☐ Yes ☐ No
Did you work as a professional athlete during the last 18 months?	☐ Yes ☐ No
Are you currently employed?	☐ Yes ☐ 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?	☐ Yes ☐ No
Did you ever serve in the U.S. Armed Forces?	☐ Yes ☐ No

Employer information begins on next page.

EMPLOYER INFORMATION

To list more employers, make copies of this page 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:	
Starting date of employment:	Last date of work:	
Total gross earnings for the last 18 months or best estimate:		
Did you work for this employer in a state other than Oregon in the last two years?	☐ Yes ☐ No	
Is this employer an agency of the federal government? (if "No," go to the "Employer mailing address" field below)	☐ Yes ☐ No	
Was your last duty station in the United States?	☐ Yes ☐ No	
What state was your last official duty station in? _____		
Did you work for a different employer in your state of residence since you last worked for the federal government?	☐ Yes ☐ No	
Employer mailing address:	Street address line 1:	
Street address line 2:		
City:	State:	ZIP:
☐ Check here if mailing address is same as address where you worked.		
Address where you worked:	Street address line 1:	
Street address line 2:		
City:	State:	ZIP:
Employer phone number:	Job title:	
Job duties:		
Last pay rate: $ per	Are you still working for this employer? ☐ Yes ☐ No	

If no, why are you no longer working for this employer?

☐ Discharged or fired ☐ Voluntary quit or resigned ☐ Laid off due to lack of work ☐ Suspended

☐ Temporarily laid off due to lack of work

If you are temporarily unemployed, when do you expect you will return to work full-time?

EMPLOYER #2:	Most recent employer name:	
Starting date of employment:	Last day of work:	
Total gross earnings for the last 18 months or best estimate:		
Did you work for this employer in a state other than Oregon in the last two years?	☐ Yes ☐ No	
Is this employer an agency of the federal government?	☐ Yes ☐ No	
Employer mailing address:	Street address line 1:	
Street address line 2:		
City:	State:	ZIP:
☐ Check here if mailing address is same as address where you worked:		
Address where you worked:	Street address line:	
City:	State:	ZIP:
Employer phone number:	Job title:	
Job duties:		
Last pay rate: $ per	Are you still working for this employer? ☐ Yes ☐ No	
If no, why are you no longer working for this employer? ☐ Discharged or fired ☐ Voluntary quit or resigned ☐ Laid off due to lack of work ☐ Suspended ☐ Temporarily laid off due to lack of work		
If you are temporarily unemployed, when do you expect you will return to work full-time?		
EMPLOYER #3:	Most recent employer name:	
Starting date of employment:	Last day of work:	
Total gross earnings for the last 18 months or best estimate:		
Did you work for this employer in a state other than Oregon in the last two years?	☐ Yes ☐ No	
Is this employer an agency of the federal government?	☐ Yes ☐ No	
Employer mailing address:	Street address line 1:	
Street address line 2:		
City:	State:	ZIP:
☐ Check here if mailing address is same as address where you worked:		
Address where you worked:	Street address line:	
City:	State:	ZIP:
Employer phone number:	Job title:	
Job duties:		
Last pay rate: $ per	Are you still working for this employer? ☐ Yes ☐ No	
If no, why are you no longer working for this employer? ☐ Discharged or fired ☐ Voluntary quit or resigned ☐ Laid off due to lack of work ☐ Suspended ☐ Temporarily laid off due to lack of work		
If you are temporarily unemployed, when do you expect you will return to work full-time?		

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.

How would you like us to handle tax withholdings on your future payments? Please pick one:

- ☐ I want both 10% for my federal and 6% for my state personal income taxes withheld from my benefit payments.
- ☐ I want only 10% of my benefit payments withheld for federal income taxes.
- ☐ I want only 6% of my benefit payments withheld for state personal income taxes.
- ☐ I do not want taxes withheld from my benefit payments.

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

RECEIVING YOUR BENEFITS

How would you like to receive your benefit payments if they are approved? You must read the U.S. Bank ReliaCard® agreement at the end of this document, as it is the back-up payment method if we aren't able to use direct deposit to send your benefits.

We will send you a ReliaCard upon the processing of your application. If you wish to sign up for direct deposit, please complete the request below.

- ☐ Direct Deposit
- ☐ Debit Card (ReliaCard®)

Bank Account Information:

Routing Number: _____
Account Number: _____

Please review the attached ReliaCard® agreement and disclosure for details and information.

ALTERNATE BASE YEAR

To qualify for an unemployment insurance claim, you must have enough wages and hours in your base year. The regular base year is the 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 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 claim.

The alternate base year claim uses the wages and hours in the last four calendar quarters that are complete as of the date you file your claim. Information about alternate base year claims:

You are not eligible for an alternate base year claim if you qualify using the regular base year. We will search for any possible missing wages. If we later find more wages and hours in the regular base year, we will change your alternate base year claim to the regular base year. This may change the amount of your benefits.

For an alternate base year claim, we drop the oldest quarter of wages and hours from your claim and add the most recent completed quarter of wages and hours.

If you file an alternate base year 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 and hours.

VOLUNTARY DISCLOSURE

Your answers in this section will not be used to make decisions about your claim. To help us better understand the different communities we serve, we encourage you to answer the demographics questions below. You can choose the option "prefer not to say" for any question.

What is the highest degree or level of school you have completed?

- ☐ No school
- ☐ Less than high school
- ☐ Some high school, no diploma
- ☐ High school graduate, including GED or equivalent
- ☐ Technical, trade, or vocation school
- ☐ Some undergraduate education or associate degree
- ☐ Bachelor's degree
- ☐ Postgraduate degree
- ☐ Prefer not to say

Do you have a disability?

You would be considered to have a disability if you have a physical, intellectual, and/or developmental disability or medical condition that substantially limits a major activity, or if you have a history or record of a disability or medical condition. This also includes if you are regarded as having a disability.

☐ Yes ☐ No ☐ Prefer not to say

What is your veteran or military status?

- ☐ I am a Veteran of the U.S. Armed Forces, Military Reserves, or National Guard
- ☐ I am active U. S. Armed Forces, Military Reserves, or National Guard
- ☐ I am not a veteran, or I do not have a military status
- ☐ Prefer not to say

Which of the following best describes you? *Choose all that apply.*

- ☐ American Indian, Native American, or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Native Hawaiian, Pacific Islander
- ☐ White
- ☐ Middle Eastern/North African
- ☐ Choose to self-describe
- ☐ Prefer not to say

Are you Hispanic, Latino, Latina, Latinx, or Spanish? *Choose one answer.*

- ☐ Yes, I am Hispanic, Latino/Latina/Latinx, or Spanish
- ☐ No, I am not Hispanic, Latino/Latina/Latinx, or Spanish
- ☐ Prefer not to say
- ☐ Not sure

What is your sex?

☐ Woman/Female ☐ Man/Male ☐ Prefer not to say

Are you transgender?

☐ Yes ☐ No ☐ Questioning/Exploring ☐ Prefer not to say ☐ I don't know what this question is asking

What is your gender? *Choose all that apply*.

☐ Agender/No gender
☐ Another gender not listed
☐ Non-Binary
☐ Questioning/Exploring
☐ Woman/Girl
☐ Prefer not to say
☐ Man/Boy
☐ I don't know what this question is asking

How do you describe your sexual orientation or sexual identity? *Choose all that apply*.

☐ Asexual
☐ Same-gender loving
☐ Bisexual
☐ Same-sex loving
☐ Gay
☐ Straight (attracted mainly to or only to other gender(s) or sex(es))
☐ Lesbian
☐ Another sexual orientation not listed
☐ Pansexual
☐ Prefer not to say
☐ Queer
☐ I don't know what this question is asking
☐ Questioning/Exploring

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 was legally authorized to work in the United States during the weeks I am claiming benefits.
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 under the Unemployment Insurance Program.
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 Oregon 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 Oregon 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**

   Failure to seek work as required will result in a denial of benefits.

   For 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. Keep track of the date and what you did.

The following situations are not common:

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 full weeks from when you last worked full-time or earned more than your weekly benefit amount.

□ I AGREE TO THE ABOVE STATEMENTS

Signature:	Date:

IMPORTANT INFORMATION FOR YOU TO KNOW

Once your claim has been processed, Frances Online 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. Go to frances.oregon.gov.

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 a 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 file your weekly claim in Frances Online. 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 Oregon 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 your claim is processed.

Need help? This information is vital. The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please go to unemployment.oregon.gov and click on Contact Us or call us at 877-345-3484. TTY users call 711.

¿Necesita ayuda? Esta información es vital. El Departamento de Empleo de Oregon (OED) es una agencia de igualdad de oportunidades. El OED proporciona ayuda gratuita para que usted pueda utilizar nuestros servicios. Algunos ejemplos son intérpretes de lengua de señas e idiomas hablados, materiales escritos en otros idiomas, letra grande, audio y otros formatos. Para obtener ayuda, vaya a unemployment.oregon.gov/es y haga clic en Contacto o llámenos al 877-345-3484. Usuarios de TTY pueden llamar al 711.

Please submit your completed application by mail or fax to:

Mail: Oregon Employment Department | P. O. Box 14135 | Salem, OR 97309-5068

Fax: 866-345-1878

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
Customer Service (automated or live agent)	$0 per call
Inactivity (after 365 days with no transactions)	$2.00 per month

We charge 3 other types of fees.

* 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**.

CR-57055962

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®.
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 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 or received a load for 365 consecutive days. This fee is not charged where prohibited by law.

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.

The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2026 U.S. Bank. Member FDIC.

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*.

CR-68221224

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English – If you require this document to be read digitally for accessibility in additional languages, please contact Cardholder Services to utilize the language line at the number on the back of your card.

Amharic - ይህ ሰነድ በተጨማሪ ቋንቋዎች ለማግኘት በዲጂታላዊ አግባብ እንዲነበብ ከፈለጉ፣ እባክዎ በካርድዎ ጀርባ ባለው ቁጥር ላይ ያለውን የቋንቋ መስመር ለመጠቀም የካርድ ባለቤት አገልግሎቶችን ያግኙ።

Arabic- إذا كنت تريد قراءة هذا المستند رقميًا لإمكانية الوصول إليه بلغات إضافية، فيرجى الاتصال بخدمات حاملي البطاقات لاستخدام سطر اللغة على الرقم الموجود على ظهر بطاقتك

Chinese - **如需以其他**语言进行数字化方式阅读本文档来提高无障碍性，请首先与持卡人服务联系，以使用卡背面语言支援服务号码。

Chinese Traditional - **如果您因無障礙訪問需求而需要本文檔用其他語種以數位方式朗讀，請撥打卡片背面號碼聯絡持卡人服務部，以便使用語言專綫。.**

Farsi - اگر جهت دسترسی به دیگر زبان‌ها، نیاز دارید که این سند به صورت دیجیتالی خوانده شود، لطفاً با Cardholder Services تماس بگیرید تا از خط زبان در شماره پشت کارت خود استفاده نمایید.

Korean - 다른 언어로 접근성을 높이기 위해 이 문서를 디지털 방식으로 읽어야 하는 경우, 뒷면에 있는 번호로 카드소지자 서비스에 문의하여 번역 서비스를 이용하시기 바랍니다.

Laotian - ຖ້າວ່າທ່ານຕ້ອງການໃຫ້ເອກະສານນີ້ຖືກອ່ານແບບດິຈິຕອລ ເພື່ອເຂົ້າເຖິງພາສາເພີ່ມຕື່ມ, ກະລຸນາຕິດຕໍ່ບໍລິການຜູ້ຖືບັດເພື່ອນຳໃຊ້ສາຍພາສາຕາມຕົວເລກທີ່ຢູ່ທາງດ້ານຫຼັງຂອງບັດຂອງທ່ານ.

Russian - Чтобы прослушать этот документ на другом языке в цифровом формате, обратитесь на языковую линию, позвонив в Cardholder Services по номеру, указанному на обратной стороне вашей карты.

Somali - Haddii aad u baahan tahay dukumeentigan in si dhijitaal ah loogu akhriyo si loogu helo luuqado dheeraad ah, fadlan kala xidhiidh Adeegyada Kaar-haystaha (Cardholder services) lambarka ku yaala dhabarka kaadhkaaga si aad uga faa'iidaysato laynka luuqada.

Vietnamese - Nếu bạn muốn tài liệu này được đọc dưới dạng kỹ thuật số để có thể truy cập bằng các ngôn ngữ khác, vui lòng liên hệ với Dịch vụ dành cho chủ thẻ để sử dụng đường dây ngôn ngữ theo số điện thoại ở mặt sau thẻ của bạn.