

**North Carolina Department of Commerce
Division of Employment Security**



Unemployment Insurance Take Home Packet

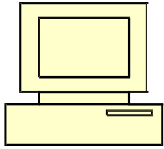
The fastest and most efficient way to apply for unemployment benefits is to visit our website des.nc.gov. If you have any questions about filing a claim for unemployment benefits or to inquire about an existing claim application, you can contact our customer call center at 888-737-0259.

The mission of the North Carolina Department of Commerce, Division of Employment Security (DES) is to promote the economic well-being of North Carolinians by providing high quality, accessible workforce- related services.

Filing your claim

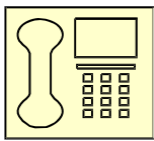
To file your claim, you can choose 1 of 3 ways:

1. By Internet:



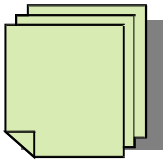
The best way to file your claim is by internet at des.nc.gov. Click on 'Sign Up' to establish a secure DES account and then 'Apply for Unemployment Benefits/File a Claim'. It takes 20 minutes or less and will reduce the time it takes to process your claim.

2. By Telephone:



You can file your claim any time by phone in 45 minutes or less at 888-737-0259.

3. By Paper:



You can complete and return the attached packet to DES. **However, it is faster to file your claim by internet or by phone.** Your local NCWorks Career Center has computers and phones that you can use to file your claim.

Instructions for completing and returning the attached forms:

- 1. Answer the Take Home Packet Questions and Sign the last page.** Be sure to provide all required information. Failure to answer the questions completely and legibly may result in a delay in the processing of your claim.
- 2. Read the Benefit Rights Information and retain for your records.**
- 3. Return the completed pages 7 and 8 to:**

Fax: 919-250-4315

Mail: Division of Employment Security Customer Call Center – THP
P.O. Box 25903 Raleigh, NC.27611
- 4. If you have questions, contact the Customer Call Center at 888-737-0259 or at esc.ui.customerservice@nccommerce.com.**

Next Steps

1. **Register for Work with NCWorks Online**

All individuals filing for unemployment insurance benefits must register for work with their state Employment Services Agency. North Carolina residents must register for work with NCWorks Online by visiting www.NCWorks.gov. Out of state residents must register for work with the state in which they currently live.

2. **Look for work and keep a work search record**

To be eligible for benefits, you must look for work each week. You must make three contacts with potential employers each week. Keep a record of where you look for work as your work search record is subject to audit.

3. **File Weekly Certifications**

For each week you wish to be paid unemployment insurance benefits you must file a weekly certification. The weekly certification is your declaration that you were able, available and actively seeking work. File your weekly certifications even if you have not received a response from DES on the status of your claim. You only have 14 days to file a weekly certification for each week. Weekly certifications can be filed by internet or by telephone.

By Internet

Sunday through Saturday at <http://des.nc.gov>

By Telephone

888-372-3453.

If you fail to file a weekly certification within fourteen (14) days from the week ending date, you will not be able to claim that week. You will be required to reopen your claim and serve an unpaid waiting period week again.

4. **Report any change in your contact information**

It is your responsibility to update DES with any change in your contact information. The best way to update your contact information is through DES online self-service(s) at des.nc.gov. You may also report any change in your address or telephone number to the Customer Call Center via email at esc.ui.customerservice@nccommerce.com or by telephone at 888-737-0259.

• **Form NCUI 550 - Wage Transcript and Monetary Determination**

After your new claim is processed, Form NCUI 550, Wage Transcript and Monetary Determination will be mailed to you. This form shows:

1. your weekly benefit amount;
2. your maximum benefit amount;
3. your duration (your maximum benefit ÷ weekly benefit amount);
4. your benefit year start date and end date;
5. all employers who have reported wages paid to you during your base period;
6. the wages you were paid during each quarter;
7. If you are not monetarily eligible, the reason(s) why;
8. If there is an issue that will delay payment of benefits (discharge/fired, quit, severance, vacation pay etc.)

If any of the information on this form is not correct, or if all your employers are not listed, notify the Customer Call Center at 888-737-0259 or esc.ui.customerservice@nccommerce.com within ten days.

Benefit Rights

Privacy Act Statement

Your social security number is solicited under the authority of the Internal Revenue Code of 1954 [26 U.S.C 85, 6011(a), 6050B and 6109(a)]. Disclosure of your social security number for this purpose is mandatory and must be provided when filing a claim for unemployment compensation. Your social security number will be used to:

- Report your unemployment compensation to the Internal Revenue Service as income that is potentially taxable.
- Process and store your claim for statistical purposes
- Verify your eligibility for benefits

By submitting this application, you acknowledge that the law prescribes penalties for false statements made in connection with this claim. In accordance with applicable provisions of state and federal law, you authorize your former employer(s) to release all information requested in connection with your claim for unemployment benefits. You also authorize the Division of Employment Security to release information regarding your claim for unemployment benefits to requesting agencies for purposes of income and eligibility verification in accordance with applicable provisions of state and federal law. Any information provided by an applicant or recipient of unemployment insurance benefits may be subject to verification through computer matching programs.

Penalties for Fraud

All questions about your claim must be answered truthfully and completely. You must report any information that may affect your eligibility for benefits. You must also report any work you perform and wages you earn during each week you claim benefits. Be sure to report wages when earned, not when received. Keep a record of the wages that you report.

If you knowingly make a false statement or withhold a material fact while filing claims, you may be disqualified for benefits for one year, be responsible for any overpayment, and you may be prosecuted for fraud.

Eligibility Requirements

To be eligible for unemployment insurance benefits, you must:

1. be unemployed due to no fault of your own;
2. be physically able to work;
3. be actively looking for work each week;
4. have no restrictions which would keep you from accepting suitable work.

Denial of Benefits

You may be disqualified for the following reasons:

- Quit a job;
- Discharge for cause from a job;
- Unemployed due to an ongoing labor dispute;
- Refuse a referral to a job;
- Refuse an offer of suitable work;
- Refuse to enter Approved Division Training when directed to do so;
- Failed to complete Approved Division Training.

Base Period

The amount and duration of your unemployment insurance benefits are based on the wages that you were paid during a four quarter (one year) time frame called the base period.

Regular Base Period:

The base period is the first four of the last five completed calendar quarters prior to the quarter in which you file a new claim.

Alternate Base Period:

If you fail to establish a monetarily eligible claim using the regular base period, your claim will be automatically moved to an alternate base period using the last four completed calendar quarters prior to the quarter in which you file your claim.

Benefit Year

A benefit year is the 52-week period beginning with the effective date of your claim. **The effective date of your claim will be the Sunday of the week in which your paper application is received by DES.** The benefit year ending date is the date your claim ends and benefits will no longer be paid even if you have a balance on your claim.

Weekly Benefit Amount

Your weekly benefit amount is the amount of money you will receive for unemployment insurance.

Waiting Period Week

Individuals who qualify for unemployment insurance payments will serve a waiting week. The waiting week is your first week of eligibility and is not payable.

Earnings Allowance

The earnings allowance is the amount of money you can earn if you work without reducing your weekly benefit amount. Earnings reported over this amount are deducted dollar for dollar from your weekly benefit amount.

Duration of Benefits

Duration is the number of weeks you may receive full benefits. Although your claim is valid for 52 weeks, you can only be paid your maximum benefit amount.

Payment of Benefits

Unemployment insurance benefits are paid by a DES issued debit card or by direct deposit. The DES issued debit card is not mailed until your first payment is released. Payments are generally deposited within 48hrs from date of issuance.

Unemployment insurance benefits are subject to state and federal taxes.

- You may request that State and Federal income taxes be withheld from your unemployment insurance benefits. When your claim is processed, form 500TW (Voluntary Election for Income Tax Withhold) will be mailed to you. You may also complete this form online. The North Carolina Department of Revenue suggests withholding six, seven, or eight percent for the deduction of state taxes. The choice is yours to have taxes withheld. DES is not responsible for your tax liability.
- DES will provide you with a **Form 1099-G** no later than January 31 showing the total amount of unemployment insurance benefits paid to you during the previous year.

Returning to Work

If you return to work, notify the Customer Call Center at 888-737-0259 or at esc.ui.customerservice@nccommerce.com and stop filing your weekly certifications.

Discrimination is Against the Law

The Division of Employment Security is a recipient of Federal funds and subject to Federal non-discrimination laws. As such, the United States Department of Labor regulations implementing Title VI of the Civil Rights Act of 1964, As Amended, at Title 29 CFR Part 31, and Section 504 of the Rehabilitation Act of 1973, as amended, at Title 29 CFR Part 32, mandate the following listed procedures for processing complaints of discrimination be established by the North Carolina Division of Employment Security.

If you believe that the Division of Employment Security has discriminated against you on the basis of race, color, national origin, age, sex, religion, political affiliation or belief, citizenship (staff excluded), or participation in job training programs, you may file a complaint within 180 days of the alleged discriminatory act(s) directly with the:

*Director
Civil Rights Center
ATTENTION: Office of External Enforcement
U.S. Department of Labor 200
Constitution Avenue, NW Room N-4123
Washington, DC 20210*

If you believe that the Division of Employment Security has discriminated against you on the basis of a handicap, you may file a complaint within 180 days of the alleged incident(s) with the:

*Division of Employment Security EEO Office
PO Box 25903
Raleigh, North Carolina 27611-5903*

Telephone No.: (919) 707-1620

The Division of Employment Security has 60 days to process handicap complaints. If you are not satisfied with the results of the decision, you have 30 days from the receipt of the decision or 90 days from the filing of the complaint, whichever comes first, to file an appeal with the:

*Director
Civil Rights Center
ATTENTION: Office of External Enforcement
U.S. Department of Labor 200
Constitution Avenue, NW Room N-4123
Washington, DC 20210*

However, if you desire, you may file handicap type complaints within 180 days of the alleged discriminatory act(s) with the Civil Rights Center.

If you need information or assistance in filing a complaint, contact the Customer Call Center.

1. Personal Data									
Social Security Number: - - -									
_____			_____				_____		
First Name			Last Name				Initial		
Address									
City		State			Zip Code				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date:		Month		Day		Year	
Home Phone:			Email Address:						
Ethnic:				Education Level (Circle One)					
<input type="checkbox"/> White – Non Hispanic <input type="checkbox"/> Black – Non Hispanic				Grade School				1 2 3 4 5 6 7 8	
<input type="checkbox"/> American Indian/Alaska Native				High School				8 9 10 11 1	
<input type="checkbox"/> Pacific Islander/Asian <input type="checkbox"/> Others / Unavailable				Post High School				13 14 15 16 1 18	
Type of Degree:		Major							
Are you registered to vote?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
		If no would you like to register?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Are you a citizen of the USA?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
		If no are you authorized to work in the USA?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
		If yes, enter your Alien Registration Number.							
2. Eligibility Information									
Are you currently working?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you available to work?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you physically able to work?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Unemployment Benefits Claimant Information									
Certain types of claims require special processing. If one or more of the following circumstances apply to you, you will need to contact the Remote Services Center to complete your claim.									
*During the past 2 years, have you worked as a civilian for the Federal government?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
*During the past 2 years, have you served on Active Duty in the military?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
During the past 2 years, have you worked in a state other than North Carolina?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you applied for or are you receiving a disability payment?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you refused work since becoming unemployed?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you filed for, will you receive, or are you receiving benefits under any other unemployment insurance law						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where?									
Have you received, are you receiving, or are you entitled to vacation, separation, or bonus?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give:		AMOUNT: \$		FROM:		TO:			
Have you applied for or are you receiving any type of retirement pension?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the beginning date: Click or tap to				Name of Employer					
*NOTE:									
If you worked for the Federal Government in the past 2 years, please fax or mail Form SF-8 and /or SF-50 with this packet. If you served in the military in the past 2 years, please fax or mail a copy of your DD 214(member copy 4) with this packet.									

Are you self Employed / Commission Basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving workman's comp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you prefer payment on a debit card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is the maximum distance from home to work that you are able to travel?

Would you work the customary days of the week (Monday – Friday)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you work the customary shift (8:00-5:00)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is the lowest rate of pay you would accept? (example \$10/hour) \$ _____ per hour.

4. Employer Information (list last two employers starting with most recent) #1

Last Employer Name:							
Last Employer's Address							
Last Employer's Address: City:		State		Zip Code			
Reason no longer employed:		<input type="checkbox"/> Lack of Work		<input type="checkbox"/> Quit		<input type="checkbox"/> Discharge/Fired	
		<input type="checkbox"/> Other					
Worked From Click or tap to enter a date.	To Click or tap to enter a date.	Pay Rate: \$	Per	<input type="checkbox"/> H	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Y

Job Title and Brief Description of Job Duties:

Employer #2

Employer Name	
Employer Address	

Employer Address	City	State	Zip Code
Reason no longer employed:			
<input type="checkbox"/> Lack of Work		<input type="checkbox"/> Quit	
<input type="checkbox"/> Other		<input type="checkbox"/> Discharge/Fired	
Worked From Click or tap to enter a date.	To Click or tap to enter a date.	Pay Rate: \$	Per <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y
Job Title and Brief Description of Job Duties:			

I do solemnly affirm under penalty of perjury, that I am the person named herein, and that the information that I have provided is true, correct, and complete to the best of my knowledge. I further understand that there are severe criminal and civil penalties for providing false statements and/or willfully misrepresenting any information to increase or receive unemployment insurance benefits, and that any information I have provided is subject to verification.

Claimant's Signature

Date

North Carolina Department of Commerce

Division of Employment Security

Unemployment Insurance

Work Search Record



Claimant: _____

SSN: XXX - XX - _____

Review Date: Click or tap to enter a date. _____

Interviewer: _____

Work Search Requirements: The Employment Security Law, *G.S. 96-14.9(e)*, requires you to be **registered** for work (www.ncworks.gov) and **actively seeking** work with a minimum of **three contacts** with potential employers for each week you claim. You must keep a detailed record of your work search activities, which are subject to audit by DES. You should maintain these records for at least five (5) years. Failure to maintain an adequate and verifiable worksearch record for any week claimed may result in a **denial, delay, and/or overpayment** of benefits.

For instructions on how to make a valid contact please review the Work Search Guidelines included with this form.

Week #	Beginning Sunday		and Ending Saturday			
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number		Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Submitted Resume)

***Attach a copy of confirmation email or confirmation number for any online contacts.**

I do solemnly affirm under penalty of perjury, that I am the person named herein, and that the information that I have provided, including proof of identification and the work search record, is true, correct, and complete to the best of my knowledge. I further understand that there are severe criminal and civil penalties for providing false statements and/or willfully misrepresenting any information to increase or receive unemployment insurance benefits, and that any information I have provided is subject to verification.

_____ Claimant's Signature

_____ Date

Claimant: _____

SSN: XXX - XX - _____

Week # __	Beginning Sunday		and Ending Saturday			
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***Attach a copy of confirmation email or confirmation number for any online contacts.**

Week # __	Beginning Sunday		and Ending Saturday			
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number		Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Submitted Resume)

***Attach a copy of confirmation email or confirmation number for any online contacts.**

Work Search Guidelines

REQUIREMENTS OF A VALID CONTACT

You must complete a work search for each week you claim unemployment insurance benefits including your waiting period week. DES will only consider contacts with employers who have a position matching your qualifications, knowledge, ability, or skill. Employer contact must be for the sole purpose of obtaining employment.

Your work search record **MUST** Include:

- (1) Date of contact
- (2) Company contacted
- (3) Contact method
- (4) Depending on method of contact we would need website Address, e-mail address, fax number, telephone number, or address of contact
*If you are using an employment website, provide the name of the employer you are applying for a position with, **AND** the name of the employment website.
- (5) Position seeking
- (6) Results

Contacting the same employer regarding the same position or opening more than once during the same week can only count as one employer contact unless you are at different stages of the hiring process. (i.e. interview, second interview).

ACCEPTABLE METHODS OF CONTACT

- **SUBMIT APPLICATION OR RESUME, LETTER OF INTEREST, ETC.** - through Employer or Employment Website (including NC Works)
- **TELEPHONE CONVERSATION** with Employer – Message left on voicemail or answering service is **NOT** sufficient
- **IN-PERSON MEETING** with Employer – May include contacts at job fairs or similar events or video interviews
- **INITIAL REGISTRATION** via NCWorks.gov (only applies for week registration was completed)
- **BLIND ADVERTISEMENT** (An online or newspaper ad that does not give the company name) - A copy of a blind advertisement may substitute for employer name, name of contact, and job title. **You must keep a copy of the advertisement for your records**

Below is an example of valid work search contacts

Week # <u>1</u>	Beginning Sunday 08/05/2018		and Ending Saturday 08/11/2018		
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number	Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Submitted Resume)
08/05/2018	Al's Plumbing	I	123 Main Street Burlington, NC 27215	Plumber	Not hiring
08/07/2018	Barbara's Baleru	T	336-123-4567, 567 Main Steet Burlington, NC 27215	Baker	Second Interview
08/10/2018	Carla's Accounting	E	carla123@yahoo.com Burlington, NC 27216	Accountant	Submitted Application
*Attach a copy of confirmation email or confirmation number for any online contacts.					
Week # <u>2</u>	Beginning Sunday 08/12/2018		and Ending Saturday 08/18/2018		
08/12/2018	Dollar Tree	O	www.dollartree.com	Cashier	Resume submitted online
08/15/2018	Blind Advertisement	F	P.O. Box 481 Burlington, NC 27215	Customer Service Rep	Resume submitted by fax