

UNEMPLOYMENT INSURANCE

Information You Need to File an Unemployment Insurance Claim



Checklist ✓✓✓

When your job has ended or your employer has cut back work hours, apply immediately for Unemployment Insurance benefits.

- The start date or effective date of an Unemployment Insurance claim is NOT based on when the job ended or when the employer cut back hours.
- Claims start on the Sunday of the week an Unemployment Insurance application is submitted.

Gather information. Have the following items ready before applying.

→ Your Information:

- ✓ Social Security Number
- ✓ Name (including prior names [e.g., married or maiden names]), mailing address, and telephone number
- ✓ Driver's license or ID card number
- ✓ Alien registration number and expiration date, if a non-citizen
- ✓ DD Form 214 if you served in the military in the last 18 months

→ Last Employer Information:

- ✓ The last employer is the business or company you last physically worked for or could still be working for part-time
- ✓ Name of company as it appears on your pay check stub or W-2 form (This could be a payroll agency or staffing agency)
- ✓ Complete mailing address including zip code and physical location
- ✓ Company's phone number and supervisor's name
- ✓ The reason for working reduced hours or no longer working with the employer

→ Employment History (ALL employers in the last 18 months including the last employer):

- ✓ Name of ALL employers as they appear on your pay check stub or W-2 form
- ✓ Period of employment (start date and end date)
- ✓ Wages earned and how you were paid (hourly, weekly, monthly)

NOTICE OF REDUCED EARNINGS

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER - -
NOTE: Issue a DE 2063 only for the seven-consecutive-day period corresponding to your payroll week. If you pay your workers less often than once each seven days, you must issue a DE 2063 for each calendar week (Sunday through Saturday) of partial unemployment. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.		

EDD USE ONLY Interviewer's Initial
AC

EMPLOYER'S STATEMENT FOR THE PAYROLL WEEKENDING DATE: _____ (MM/DD/YY)

1. Gross earnings (before deductions) were (if there were no earnings, enter Ø).....▶ \$ _____
2. Did this employee report for all work that was available during this payroll week?.....▶ Yes No
 - (a) If the answer is "NO" give date(s) _____
 - (b) REASON: _____
3. Why is this employee not working full-time? (Check one)
 Lay off due to lack of work (includes reduction in hours) Discharged Voluntary Quit
4. Enter the **last** date this employee performed any work in your employment either on or prior to the payroll weekending date shown above:
 _____ (MM/DD/YY)

EMPLOYER CERTIFICATION: I CERTIFY that the amount in Item 1 represents reduced earnings in a week of less than full-time work because of lack of work except as shown in Item 2.

ENTER YOUR _____ () - _____
 Company Name Phone Number

_____ City Zip Code
 Address

X _____ - _____
 Employer Signature Employer Account Number

DATE ISSUED TO EMPLOYEE: _____ (MM/DD/YY)

ISSUE THIS FORM IMMEDIATELY AFTER PAYROLL WEEKENDING DATE SHOWN ABOVE

CLAIMANT:

You must complete this section. These questions and your answers are for the payroll weekending date(s) shown on the top of this form.

- A. Was there any reason other than lack of work why you couldn't have worked full-time each regular workday that week? ▶ Yes No
 - (1) If yes, give reason, dates and time you could not work: _____
- B. Did you work for anyone other than your regular employer on any day in that week? (This includes self-employment.) ▶ Yes No
 - (1) What is the employer's name? _____
 - Address: _____
 - (2) How much did you earn before deductions from that employer whether you were paid or not?▶ \$ _____
 - (3) Dates worked _____ to _____. Reason no longer working: _____
- C. Are you receiving a pension, **other** than Social Security?▶ Yes No
 - (1) If yes, has there been a change in the amount since you last reported it?.....▶ Yes No
 - (2) If there has been a change, enter the **new** gross amount.▶ \$ _____
 - Explain the reason for the change: _____
- D. Did you have a change of address or telephone number in that week?▶ Yes No
 - (1) If yes, please provide the information in the space below.
- E. If you want federal income tax withheld for that week, mark this block →

CLAIMANT CERTIFICATION: I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national, or a non-citizen in satisfactory immigration status and permitted to work by the U.S. Citizenship and Immigration Services.

X _____ () - _____
 Your Signature is Required Telephone Number

_____ City Zip Code
 Address

NOTE: THIS CLAIM IS TIMELY ONLY BY CONTACTING THE EMPLOYMENT DEVELOPMENT DEPARTMENT WITHIN 28 DAYS AFTER ISSUED TO YOU. **EXCEPTION:** IF YOU KNOW THAT YOU WILL BE TOTALLY UNEMPLOYED IN EXCESS OF TWO CONSECUTIVE WEEKS, CONTACT EDD IMMEDIATELY.

- Versión en español en el dorso -



NOTICE OF REDUCED EARNINGS

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER - -
NOTE: Issue a DE 2063 only for the seven-consecutive-day period corresponding to your payroll week. If you pay your workers less often than once each seven days, you must issue a DE 2063 for each calendar week (Sunday through Saturday) of partial unemployment. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.		

EDD USE ONLY Interviewer's Initial
AC

EMPLOYER'S STATEMENT FOR THE PAYROLL WEEKENDING DATE: _____ (MM/DD/YY)

1. Gross earnings (before deductions) were (if there were no earnings, enter 0).....▶ \$ _____
2. Did this employee report for all work that was available during this payroll week?.....▶ Yes No
 (a) If the answer is "NO" give date(s) _____
 (b) REASON: _____
3. Why is this employee not working full-time? (Check one)
 Lay off due to lack of work (includes reduction in hours) Discharged Voluntary Quit
4. Enter the **last** date this employee performed any work in your employment either on or prior to the payroll weekending date shown above:
 _____ (MM/DD/YY)

EMPLOYER CERTIFICATION: I CERTIFY that the amount in Item 1 represents reduced earnings in a week of less than full-time work because of lack of work except as shown in Item 2.

ENTER YOUR _____ () - _____
 Company Name Phone Number

Address _____ City _____ Zip Code _____

_____ - _____ - _____
 Employer Signature Employer Account Number

DATE ISSUED TO EMPLOYEE: _____ (MM/DD/YY)

ISSUE THIS FORM IMMEDIATELY **AFTER** PAYROLL WEEKENDING DATE SHOWN ABOVE

SOLICITANTE:

Usted deberá completar esta sección. Estas preguntas y sus respuestas son para la semana de pago que termina en la fecha indicada en este formulario.

- A. ¿Había otra razón, además de la falta de trabajo, por la cual Ud. no podría haber trabajado horario completo cada día normal de trabajo en esa semana?.....▶ Sí No
 (1) Si contesta que "sí," proporcione la razón, las fechas y las horas en que no podía trabajar _____
- B. ¿Trabajó Ud. para alguien que no es su empleador normal, cualquier día de esa semana? (Esto incluye trabajos independientes o en su propio negocio).....▶ Sí No
 (1) ¿Cual es el nombre de ese empleador? _____
 Dirección: _____
 (2) ¿Cuánto ganó, Ud. antes de deducciones, con ese empleador, aunque todavía no le haya pagado?▶ \$ _____
 (3) Fechas en que Ud. trabajó: del _____ al _____. Razón porque Ud. no siguió trabajando _____
- C. ¿Está Ud. recibiendo una pensión **que no sea** del Seguro Social?▶ Sí No
 (1) Si contesta que "si," ¿ha habido un cambio en la cantidad que Ud. recibe desde la última vez que la reportó?▶ Sí No
 (2) Si la cantidad ha cambiado, favor de escribir la nueva cantidad bruta.▶ \$ _____
 Explique la razón por el cambio: _____
- D. ¿Cambió Ud. de domicilio o de número de teléfono en esa semana?.....▶ Sí No
 (1) Si contesta "sí", favor de proporcionar la información en el espacio a continuación.
- E. Si usted desea que se retengan impuestos federales por esa semana, marque esta casilla →

CERTIFICACIÓN DEL SOLICITANTE: Entiendo las preguntas que contiene este formulario. Se que la ley establece sanciones si hago declaraciones falsas o retengo información para recibir beneficios. Mis respuestas son verdaderas y correctas. Declaro bajo pena de perjurio que soy ciudadano o nacional de los Estados Unidos, o soy un(a) extranjero(a) con situación migratoria satisfactoria y con permiso del Servicio de Ciudadanía e Inmigración de los Estados Unidos para trabajar.

_____ () - _____
 Se Requiere su Firma Número de Teléfono

 Dirección Ciudad Código Postal

NOTA: ESTA SOLICITUD DE BENEFICIOS SERÁ CONSIDERADA A TIEMPO SOLAMENTE CUANDO USTED SE COMUNICA CON EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO DENTRO DE 28 DÍAS DESPUÉS DE LA FECHA EN QUE SE LE EMITIÓ A USTED. **EXCEPCIÓN:** SI UD. TIENE CONOCIMIENTO QUE ESTARÁ TOTALMENTE DESEMPLEADO(A) POR MÁS DE DOS SEMANAS CONSECUTIVAS, COMUNÍQUESE **INMEDIATAMENTE** EL EDD.

- English version on other side -



UNEMPLOYMENT INSURANCE APPLICATION

FILING INSTRUCTIONS

Complete this application including any applicable attachment(s). Print or type the information. Use blue or black ink only.

Answer all questions on each page. Review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied. If the Employment Development Department (EDD) needs to verify any of the information you provide while filing a claim, you will receive additional forms by mail and will be asked to provide additional information and/or documentation.

APPLICATION QUESTIONS

The answers you give to the questions on this application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.

<p>1. Did you work in a state other than California during the last 18 months? AND / OR Did you work in Canada during the last 18 months?</p>	<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check the applicable box(es) below: <input type="checkbox"/> State(s) Outside California, specify state(s): _____ <input type="checkbox"/> Canada</p>
<p>2. What is your Social Security number as given to you by the Social Security Administration? a) If the EDD assigned you an EDD Client Number (ECN), please provide the ECN here. (An ECN is a 9-digit number beginning with 999 or 990.)</p>	<p>2. _____ a) _____</p>
<p>2A. List any other Social Security numbers you have used.</p>	<p>2A. _____</p>
<p>3. What is your <u>full</u> name?</p>	<p>3. Last _____ First _____ Middle Initial _____</p>
<p>4. Is this the name that appears on your Social Security card? a) If no, provide the name that appears on your Social Security card.</p>	<p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Last _____ First _____ Middle Initial _____</p>
<p>5. List any other names you have used.</p>	<p>5. _____</p>
<p>6. What is your birth date?</p>	<p>6. _____ (mm/dd/yyyy)</p>
<p>7. What is your gender?</p>	<p>7. <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>8. Would you prefer your written material in English or Spanish? a) What is your preferred spoken language?</p>	<p>8. <input type="checkbox"/> English <input type="checkbox"/> Spanish a) _____</p>
<p>9. Have you filed a California Unemployment Insurance or a Disability Insurance claim in the last two years? a) If yes, list each type of claim and the most recent date(s) of when the claim(s) was filed.</p>	<p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Unemployment Claim Date(s) (mm/dd/yyyy) _____ a) Disability Claim Date(s) (mm/dd/yyyy) _____</p>



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UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

<p>10. Do you have a Driver License issued to you by a State/entity?</p> <p>a) If yes, provide the name of the issuing State/entity and your Driver License number.</p> <p>If no, answer questions b-d:</p> <p>b) Do you have an Identification Card issued to you by a State/entity?</p> <p>c) If yes, provide the name of the issuing State/entity and your Identification Card number.</p> <p>d) How do you look for work and, if you have work, how do you get to work?</p>	<p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Name of issuing State/entity: _____ Driver License Number: _____</p> <p>If no, answer questions b-d:</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Name of issuing State/entity: _____ Identification Card Number: _____</p> <p>d) Please Explain: _____ _____ _____</p>																		
<p>11. What is your telephone number?</p> <p>a) If you are deaf, hard of hearing, or have a speech disability and use TTY or California Relay to communicate, check the appropriate box.</p>	<p>11. _____ - _____</p> <p>a) <input type="checkbox"/> TTY (Non-voice) <input type="checkbox"/> California Relay Service</p>																		
<p>12. What is your mailing address? (Include your city, State, and ZIP code)</p>	<p>12. Street: _____ Apt.: _____ City: _____ State: _____ ZIP Code: _____</p>																		
<p>13. Is your residence address the same as your mailing address?</p> <p>a) If no, enter your residence address. (Include your city, State, ZIP code and apartment number.) A residence address cannot be a P.O. Box. Please provide a street address.</p>	<p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Street: _____ Apt.: _____ City: _____ State: _____ ZIP Code: _____</p>																		
<p>14. If you do not live in California, what is the name of the County in which you live?</p>	<p>14. _____</p>																		
<p>15. What race or ethnic group do you identify with? Check one of the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Black not Hispanic</td> <td><input type="checkbox"/> Hispanic</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> American Indian/Alaskan Native</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> I choose not to answer</td> </tr> </table>		<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> I choose not to answer
<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Hispanic																	
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<input type="checkbox"/> Guamanian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese																	
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan																	
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> I choose not to answer																	
<p>16. Do you have a disability? (A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)</p>	<p>16. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p>																		
<p>17. What is the highest grade of school you have completed? Check only one box.</p> <table border="0"> <tr> <td><input type="checkbox"/> Did not complete High School</td> <td><input type="checkbox"/> High School Diploma or GED</td> <td><input type="checkbox"/> Some college or vocational school</td> </tr> <tr> <td><input type="checkbox"/> Associate of Arts</td> <td><input type="checkbox"/> Bachelor of Arts or Science</td> <td><input type="checkbox"/> Masters or Doctorate</td> </tr> </table>		<input type="checkbox"/> Did not complete High School	<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Some college or vocational school	<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Bachelor of Arts or Science	<input type="checkbox"/> Masters or Doctorate												
<input type="checkbox"/> Did not complete High School	<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Some college or vocational school																	
<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Bachelor of Arts or Science	<input type="checkbox"/> Masters or Doctorate																	
<p>18. Are you a Military Veteran?</p>	<p>18. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																		



1101I03

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

19. Provide your employment and wages information for the past 18 months. If you worked for a temporary agency, a labor contractor, an agent for actors or actresses, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer name. You may want to refer to your check stub(s) or W-2(s) to obtain the name of your employer.

- a) Name and mailing address of all **employers** you worked for in the last 18 months.
- b) Period of employment (Dates Worked).
- c) Total Wages earned for **each employer** in the last 18 months.
- d) How you were paid (specify hourly, weekly, monthly, annually, commission, or at piece rate).
- e) Specify if you worked full-time or part-time.
- f) How many hours you worked per week.
- g) Check the appropriate "Yes/No" box if the employer is (or is not) a school or educational institution or a public or nonprofit employer where you performed school-related work.

NOTE: It is important that you report the employer name(s) and mailing address(es), period(s) of employment, and wages correctly. Failure to provide complete information will result in your benefits being delayed or denied.

a) Employer Name and Mailing Address	b) Dates Worked	c) Total Wages	d) How were you paid? (e.g., weekly, monthly, etc.)?
Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	From: _____ To: _____	\$ _____	_____
e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		f) How many hours did you work per week? _____	
g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide phone number: _____ - _____	

a) Employer Name and Mailing Address	b) Dates Worked	c) Total Wages	d) How were you paid? (e.g., weekly, monthly, etc.)?
Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	From: _____ To: _____	\$ _____	_____
e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		f) How many hours did you work per week? _____	
g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide phone number: _____ - _____	

a) Employer Name and Mailing Address	b) Dates Worked	c) Total Wages	d) How were you paid? (e.g., weekly, monthly, etc.)?
Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	From: _____ To: _____	\$ _____	_____
e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		f) How many hours did you work per week? _____	
g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide phone number: _____ - _____	

a) Employer Name and Mailing Address	b) Dates Worked	c) Total Wages	d) How were you paid? (e.g., weekly, monthly, etc.)?
Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	From: _____ To: _____	\$ _____	_____
e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		f) How many hours did you work per week? _____	
g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide phone number: _____ - _____	



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UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

19. Continued	
<p>a) Employer Name and Mailing Address</p> <p>Name: _____</p> <p>Mailing Address:</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code: _____</p>	<p>b) Dates Worked</p> <p>From: _____ To: _____</p> <p>c) Total Wages</p> <p>\$ _____</p> <p>d) How were you paid? (e.g., weekly, monthly, etc.)?</p> <p>_____</p>
<p>e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T</p> <p>f) How many hours did you work per week? _____</p> <p>g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide phone number: _____ - _____</p>	
<p>a) Employer Name and Mailing Address</p> <p>Name: _____</p> <p>Mailing Address:</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code: _____</p>	<p>b) Dates Worked</p> <p>From: _____ To: _____</p> <p>c) Total Wages</p> <p>\$ _____</p> <p>d) How were you paid? (e.g., weekly, monthly, etc.)?</p> <p>_____</p>
<p>e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T</p> <p>f) How many hours did you work per week? _____</p> <p>g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide phone number: _____ - _____</p>	
<p>20. During the past 18 months did you work for any other employers not listed in question 19?</p>	<p>20 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the employer information for questions 19 a-g on a separate sheet of paper. Attach the additional sheet of paper to this application.</p>
<p>21. If the EDD finds that you do not have sufficient wages in the Standard Base Period to establish a valid claim, do you want to attempt to establish a claim using the Alternate Base Period?</p> <p>For additional information about the Standard Base Period and the Alternate Base Period, visit the EDD website www.edd.ca.gov.</p>	<p>21 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. During the past 18 months, which employer did you work for the longest?</p> <p>a) What type of business was operated by the employer? (Please be specific. For example, restaurant, dry cleaning, construction, book store.)</p> <p>b) How long did you work for that employer?</p> <p>c) What type of work did you do for that employer?</p>	<p>22. Employer name: _____</p> <p>a) Type of business: _____</p> <p>b) Years: _____ Months: _____</p> <p>c) _____</p>
<p>23. What is your usual occupation?</p>	<p>23. _____</p>
<p>24. Is your usual work seasonal?</p> <p>If yes, answer questions a-c:</p> <p>a) When does the season usually begin?</p> <p>b) When does the season usually end?</p> <p>c) What other work-related skills do you have?</p>	<p>24. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-c:</p> <p>a) _____ (mm/dd/yyyy)</p> <p>b) _____ (mm/dd/yyyy)</p> <p>c) _____</p>



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UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

Please provide information about your **very last employer**. This is the employer you last worked for regardless of the length of time you worked at that job, the type of work you did for that employer, or whether or not you have been paid.

If you worked for a temporary agency, a labor contractor, an agent for actors or actresses, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer name. If you worked for In-Home Supportive Services (IHSS), the welfare recipient for whom you provided the in-home supportive service is your employer, not the county. You may want to refer to your check stub(s) or W-2(s) to obtain the name of your employer.

Reminder: To file a claim, individuals must be out of work or working less than full time. You must provide information about the last employer you worked for as an employee. Do not include self-employment unless you have elective coverage.

<p>25. What is the last date you actually worked for your very last employer?</p> <p>a) What are your gross wages for your last week of work? For Unemployment Insurance purposes, a week begins on Sunday and ends the following Saturday.</p> <p>b) What is the complete name of your very last employer?</p> <p>c) What is the mailing address of your very last employer?</p> <p>d) Is the physical address of your very last employer the same as their mailing address? (A physical address cannot be a P.O. Box. Please provide a street address.)</p> <p>If no, what is the physical address of your very last employer?</p> <p>e) What is the telephone number of your very last employer at their physical address?</p> <p>f) What is the name of your immediate supervisor?</p> <p>g) Briefly explain in your own words the reason you are no longer working for your very last employer, within the space provided. Please do not include any attachments.</p>	<p>25. _____ (mm/dd/yyyy)</p> <p>a) \$ _____</p> <p>b) Name: _____</p> <p>c) Mailing address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Physical address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>e) _____ - _____</p> <p>f) _____</p> <p>g) Reason: _____ _____ _____</p>
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<p>26. Are you (directly or indirectly) out of work with any employer (last employer or any employer in the last 18 months) due to a trade dispute, such as a strike or a lockout?</p>	<p>26. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>If yes and a union was/is involved, answer questions a-b:</p>	<p>If yes and a union was not/is not involved, answer questions c-e:</p>
<p>a) What is the name and telephone number of the union? Name: _____ Phone: _____ - _____</p> <p>b) Are you going to receive strike benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>c) How many employees left work? _____</p> <p>d) Was there a spokesperson for the employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) If yes, what is his/her name and telephone number? Name: _____ Phone: _____ - _____</p>



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UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

<p>27. Are you currently working for or do you expect to work for any school or educational institution or a public or nonprofit employer performing school-related work?</p> <p>If yes, answer questions a-e:</p> <p>a) Provide the following information for the school or educational institution(s) or the public or nonprofit employer(s).</p> <p>b) Are you a substitute teacher for Los Angeles Unified School District (LAUSD)?</p> <p>c) Are you currently in a recess period or off track?</p> <p>d) Do you have reasonable assurance to return to work after the recess period or the off track period with any school or educational institution?</p> <p>e) What is the beginning date of your next recess or the next off track period?</p>	<p>27. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-e:</p> <p>a) Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Phone: _____ - _____</p> <p>Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Phone: _____ - _____</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ (mm/dd/yyyy)</p> <p>e) _____ (mm/dd/yyyy)</p>
<p>28. Do you expect to return to work for any former employer?</p>	<p>28. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Do you have a date to start work with any employer?</p> <p>If yes, answer question a:</p> <p>a) What date will you start work?</p>	<p>29. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) _____ (mm/dd/yyyy)</p>
<p>30. Are you a member of a union or non-union trade association?</p> <p>If yes, answer questions a-f:</p> <p>a) What is the name of your union or non-union organization?</p> <p>b) What is your union local number?</p> <p>c) What is the telephone number of your union or non-union trade association?</p> <p>d) Does your union or non-union trade association find work for you?</p> <p>e) Does your union or non-union trade association control your hiring?</p> <p>f) Are you registered with your union or non-union trade association as out of work?</p>	<p>30. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-f:</p> <p>a) _____</p> <p>b) _____ (Enter zero "0" for non-union trade association.)</p> <p>c) _____ - _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



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<p>31. Are you currently attending, or do you plan on attending school or training?</p> <p>If yes, answer question a-g:</p> <p>a) What is the starting date of the school or training?</p> <p>b) What is the ending date of the current session?</p> <p>c) What is the name of the school?</p> <p>d) What is the telephone number of the school?</p> <p>e) What are the days and hours you are attending, or plan to attend, school?</p> <p>f) Is your school or training program authorized or funded by one of the programs listed in section f?</p> <p>NOTE: If you are in a State Approved Apprenticeship training, you must mail your training completion certificate with your <i>Continued Claim Form</i>, DE 4581, for the week(s) of training.</p> <p>g) If you had a job, or were offered a job in your usual occupation, would the days and hours you attend school prevent you from working full time?</p>	<p>31. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-g:</p> <p>a) _____ (mm/dd/yyyy)</p> <p>b) _____ (mm/dd/yyyy)</p> <p>c) _____</p> <p>d) Phone: _____ - _____</p> <p>e) Days and hours: _____</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check only one box.</p> <p><input type="checkbox"/> Workforce Investment Act (WIA)</p> <p><input type="checkbox"/> Employment Training Panel (ETP)</p> <p><input type="checkbox"/> Trade Adjustment Assistance (TAA)</p> <p><input type="checkbox"/> California Work Opportunity and Responsibility to Kids (CalWORKS)</p> <p><input type="checkbox"/> State Approved Apprenticeship</p> <p><input type="checkbox"/> Union or Non-union Journey Level</p> <p><input type="checkbox"/> None of the above</p> <p>g) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>32. Are you available for immediate full-time work in your usual occupation?</p> <p>a) If no, please explain why you are not available for full-time work.</p>	<p>32. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Explanation: _____</p>
<p>33. Are you available for immediate part-time work in your usual occupation?</p> <p>a) If no, please explain why you are not available for part-time work.</p>	<p>33. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Explanation: _____</p>
<p>34. Are you currently self-employed, or do you plan to become self-employed? (Self-employment means you have your own business or work as an independent contractor.)</p>	<p>34. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. Are you now, or have you been in the last 18 months an officer of a corporation or union or the sole or major stockholder of a corporation?</p> <p>a) If yes, include name of organization and your title or position.</p>	<p>35. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Name of Organization: _____</p> <p>Title/Position: _____</p>
<p>36. Did you serve as an elected public official or Governor-exempt appointee in the last 18 months?</p>	<p>36. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



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<p>37. Are you currently receiving a pension? If yes, answer question a:</p> <p>a) Are you currently receiving more than one pension? If yes, proceed to question 38. If no, answer questions b-f:</p> <p>b) What is the name of the pension provider?</p> <p>c) Is the pension based on another person's work or wages?</p> <p>d) Is the pension a union pension or a pension funded by more than one employer?</p> <p>e) What is the name of the employer(s) paying into the pension?</p> <p>f) Did you work for that employer in the last 18 months?</p>	<p>37. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer question a:</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proceed to question 38. If no, answer questions b-f:</p> <p>b) _____</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) _____</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>38. Will you receive any additional pension(s) in the next 12 months? If yes, answer questions a-b:</p> <p>a) What is the name of the pension provider(s)?</p> <p>b) When will you receive the pension(s)?</p>	<p>38. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-b:</p> <p>a) _____</p> <p>b) _____ (mm/dd/yyyy) _____ (mm/dd/yyyy)</p>
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<p>39. Are you receiving, or do you expect to receive, Workers' Compensation? If yes, answer questions a-d:</p> <p>a) Who is the insurance carrier?</p> <p>b) What is the insurance carrier's telephone number?</p> <p>c) What is the case number, if known?</p> <p>d) What are the dates of your claim, if known?</p>	<p>39. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) Phone: _____ - _____</p> <p>c) _____</p> <p>d) From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)</p>
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40. Have you received or do you expect to receive, any payments from your last employer, other than your regular salary? (Example: holiday pay, vacation pay, severance pay, in-lieu-of-notice pay, etc.) Yes No

If yes, provide the information in sections A-D. If you received severance pay as a lump sum, complete sections A-C (in section C, report the date the lump-sum payment was made).

A. TYPE OF PAYMENT (Example: vacation pay)	B. AMOUNT OF PAYMENT (Example: \$600)	C. PAID FROM (Date: mm/dd/yyyy)	D. PAID TO (Date: mm/dd/yyyy)




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<p>41. Are you a U. S. Citizen or National?</p> <p>If no, answer question a:</p> <p>a) Are you registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States?</p> <p>b) Were you legally entitled to work in the United States for the last 19 months?</p>	<p>41. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, answer question a:</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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IMPORTANT: If you answered "yes" to question "a" above, you must select one of the USCIS documents listed in 41A through 41H below and provide the applicable document information.

<p>41A. <input type="checkbox"/> Permanent Resident Card (I-551)</p> <p>1) Alien Registration Number (A#)</p> <p>2) Permanent Resident Card Number (CARD#)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  <p style="font-size: small; margin-top: 5px;">NOTE: The CARD# is on the back of the card, next to your photo, under the DOB and the EXP date.</p> </div> <p>3) Expiration Date (EXP)</p>	<p>41A. <input type="checkbox"/> Permanent Resident Card (I-551)</p> <p>1) A# _____</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) _____</p> <p>The CARD# must be 13 characters long. Enter 3 alphabetic characters followed by 10 numeric digits. If your current card was issued to you before December 1997, leave this blank.</p> <p>3) _____ (mm/dd/yyyy)</p>
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<p>41B. <input type="checkbox"/> Employment Authorization Card (I-766)</p> <p>1) Alien Registration Number (A#)</p> <p>2) Expiration Date</p>	<p>41B. <input type="checkbox"/> Employment Authorization Card (I-766)</p> <p>1) A# _____</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) _____ (mm/dd/yyyy)</p>
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<p>41C. <input type="checkbox"/> Refugee Travel Document (I-571)</p> <p>1) Alien Registration Number (A#)</p> <p>2) Expiration Date</p>	<p>41C. <input type="checkbox"/> Refugee Travel Document (I-571)</p> <p>1) A# _____</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) _____ (mm/dd/yyyy)</p>
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<p>41D. <input type="checkbox"/> Arrival/Departure Record (I-94)</p> <p>1) Arrival/Departure Number</p> <p>2) Expiration Date</p>	<p>41D. <input type="checkbox"/> Arrival/Departure Record (I-94)</p> <p>1) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) _____ (mm/dd/yyyy)</p>
<p>41E. <input type="checkbox"/> Re-entry Permit (I-327)</p> <p>1) Alien Registration Number (A#)</p> <p>2) Expiration Date</p>	<p>41E. <input type="checkbox"/> Re-entry Permit (I-327)</p> <p>1) A# _____</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) _____ (mm/dd/yyyy)</p>
<p>41F. <input type="checkbox"/> Unexpired Foreign Passport</p> <p>1) Arrival/Departure Number</p> <p>2) Passport Number</p> <p>3) Visa Number</p> <p>4) Expiration Date</p>	<p>41F. <input type="checkbox"/> Unexpired Foreign Passport</p> <p>1) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) _____</p> <p>The passport number must be 6 to 12 alphanumeric characters. It is usually found on the top right corner of the document.</p> <p>3) _____</p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) _____ (mm/dd/yyyy)</p>
<p>41G. <input type="checkbox"/> Arrival/Departure Record (I94) in Unexpired Foreign Passport</p> <p>1) Arrival/Departure Number</p> <p>2) Passport Number</p> <p>3) Visa Number</p> <p>4) Expiration Date</p>	<p>41G. <input type="checkbox"/> Arrival/Departure Record (I94) in Unexpired Foreign Passport</p> <p>1) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) _____</p> <p>The passport number must be 6 to 12 alphanumeric characters. It is usually found on the top right corner of the document.</p> <p>3) _____</p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) _____ (mm/dd/yyyy)</p>
<p>41H. <input type="checkbox"/> Other Document (not listed in Section A to G)</p> <p>1) Alien Registration Number (A#)</p> <p>2) Arrival/Departure Number</p> <p>3) Expiration Date</p> <p>4) Document Description</p>	<p>41H. <input type="checkbox"/> Other Document (not listed in Section A to G)</p> <p>1) A# _____</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>3) _____ (mm/dd/yyyy)</p> <p>4) Document Description: _____</p> <p>_____</p> <p>_____</p>

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

DO NOT MAIL OR FAX THIS PAGE

SUBMITTING YOUR APPLICATION

Be sure to review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied.

Submit your completed application including any applicable attachment(s) by mail or fax:

By MAIL to the following address:	EDD P.O. Box 12906 Oakland, CA 94604-2909 NOTE: Extra postage is required.
By FAX to the following telephone number:	1-866-215-9159

Once you submit your application, allow **10 days for processing of your claim**. You will receive Unemployment Insurance (UI) claim materials by mail. If you have not received any UI claim materials after 10 days from the date you submitted your application, call one of the following toll-free telephone numbers:

English 1-800-300-5616	Spanish 1-800-326-8937	Mandarin 1-866-303-0706
TTY (Non Voice) 1-800-815-9387	Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058

Date Submitted: _____ by Mail or Fax

KEEP THIS PAGE FOR YOUR RECORDS