



# Unemployment Insurance Claim Application

You must answer all items / sections marked with an asterisk ( \* ). (Please Print or Type)

<b>Claimant Information</b> <i>Enter your full name as it appears on your Social Security card.</i>	
Claimant ID: _____	OR *SSN: _____ / _____ / _____
*First Name: _____	MI: _____ *Last Name: _____
*Date of Birth: (mm/dd/yyyy) _____ / _____ / _____	Other last name you worked under: _____
E-Mail Address: _____	
Identification: (Check one and provide information)	
<input type="checkbox"/> Drivers License	Drivers License Number: _____ State: _____
<input type="checkbox"/> State ID	State ID Number: _____ State: _____
<input type="checkbox"/> Other (specify) _____	
<b>Screening</b>	
*Are you on break from school, attending school or enrolled in a training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you receiving or have you applied for Social Security Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you receiving or have you applied for Worker's Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Did you receive or will you receive Wages in Lieu of Notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Did you receive or will you receive plant shutdown / vacation pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you receiving or have you applied for a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you make contributions to your pension fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you receiving or have you applied for Railroad Unemployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Did you receive or will you receive Holiday Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you refused any offers of work since your last day of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you filed a claim in another state in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which city and state: _____,	When did you file? _____
*Did you work outside the state of Illinois during the last 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which state(s): _____	
*Did you work for an employer who has been certified for Trade Readjustment Allowance, (TRA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, ask for TRA Application.	
*Do you get work through a Union Local hiring hall? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If yes, are you a member in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Union Local: _____ #: _____	City: _____
*Do you have a definite return to work date? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If yes, provide the date: (mm/dd/yyyy) _____ / _____ / _____
*What is your usual occupation? _____	(Office Use Only) Occupational Code: _____
*What was your last day worked? (mm/dd/yyyy) _____ / _____ / _____	*What were your gross wages during the week of your last day worked? \$ _____
(Office use only) BYB: _____ DOC: _____ Rev By: _____ Entered By: _____	
Filing Method: <input type="checkbox"/> In Person	Identity verified using: <input type="checkbox"/> Key Identifiers (phone) <input type="checkbox"/> Soc. Sec. Card
<input type="checkbox"/> Phone	<input type="checkbox"/> Drivers License <input type="checkbox"/> Other: _____
Program: <input type="checkbox"/> UI <input type="checkbox"/> CWC <input type="checkbox"/> TRA <input type="checkbox"/> EUC <input type="checkbox"/> EB <input type="checkbox"/> UCX <input type="checkbox"/> UCFE	
<input type="checkbox"/> EEO Attachments: <input type="checkbox"/> Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> Alien ID <input type="checkbox"/> DD-214 <input type="checkbox"/> Other: _____	
Additional Information: _____	

ID or SSN: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Mailing Address**

\*Country: (Check one)  U.S. (Includes U.S. Territories)  Canada  Other \_\_\_\_\_

In Care of: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Apt / Unit#: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ + \_\_\_\_\_ \*County: \_\_\_\_\_

Primary Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Secondary Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\*P.O. Box?  Yes  No \*If yes, provide the reason your mail is to be sent to a P.O. Box.

**Residential Address** (A Residential Address must be provided if you are using a P.O. Box or are living at an address that is different than your Mailing Address)

\*Do you have a residential address that is different than your mailing address?  Yes  No  
(If no, skip to Border State)

\*Country: (Check one)  U.S. (Includes U.S. Territories)  Canada  Other \_\_\_\_\_

In Care of: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Apt / Unit#: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ + \_\_\_\_\_ \*County: \_\_\_\_\_

Office Use Only: Retire this address in favor of mailing record?  Yes  No

**Border State** Wisconsin, Indiana, Kentucky, Missouri, and Iowa (If you do not live in a Border State, skip to Tax Information)

\*Have you performed work in Illinois at any time during the last 18 months while living in a border state?  Yes  No

\*Do you plan on looking for work in IL?  Yes  No

\*Are you temporarily laid off for 10 weeks or less from an Illinois employer?  Yes  No

**Tax Information** (Illinois residents only)

\*I elect to have Federal Income Tax withheld from my gross Unemployment Insurance Benefit payments in the amount of 10 %  Yes  No

\*I elect to have Illinois State Income Tax withheld from my gross Unemployment Insurance Benefit payments in the amount of 4.95%  Yes  No

**Citizenship**

\*Are you a citizen of the United States?  Yes  No (If yes, skip to the General Information Area)

\*Are you authorized to work in the United States?  Yes  No

\*Alien Registration Number: \_\_\_\_\_ \*Entrance Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Document Type: \_\_\_\_\_

Office Use Only: Initial Verification with Homeland Security  Yes  No Secondary verification required  Yes  No

Homeland Security Information Validated  Yes  No Homeland Security Verification Number: \_\_\_\_\_

**General Information** (Check one in each section unless otherwise indicated)

- \*Language: (Preference)
- English
  - Spanish
  - Polish
  - Cantonese
  - Vietnamese
  - Arabic
  - Russian
  - Hindi
  - Mandarin
  - Bosnian/Serbian/Croatian
  - Italian
  - Korean
  - Portuguese
  - Tagalog
  - Sign Language
  - German
  - TTY
  - Other \_\_\_\_\_

\*Disability:  Yes  No  Prefer not to answer

\*Gender:  Male  Female  Prefer not to answer

\*Ethnicity:  Hispanic or Latino  
 Not Hispanic or Latino  
 Prefer not to answer

ID or SSN: \_\_\_\_\_ Last Name: \_\_\_\_\_

\*Dependent Type: (check all that apply)  Spouse  Dependent Under 18  
 Dependent Over 18 (& unable to work due to illness/disability)  None

\*Race: (check all that apply)  White  Black/African American  American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander  Prefer not to answer

\*Education Provide the highest level of education by checking one:  00 (no school grade completed)  1  2  3  4  
 5  6  7  8  9  10  11  12 (completed, did not graduate)  GED  H.S. Diploma  
 1<sup>st</sup> Yr College, Tech. or Voc. School  2<sup>nd</sup> Yr College, Tech. or Voc. School  Vocational/Technical Degree or Certificate  
 Associates Degree  3 yrs College, Tech. or Voc. School  Bachelor's Degree or Equivalent  
 Education Beyond Bachelor's  Master's  Doctorate  MD-Doctor of Medicine  JD-Doctor of Law

\*Veteran Information Have you served on active duty on the U.S. Armed Forces for more than 180 days NOT including training for the National Guard or Reserves and were issued a DD214?  Yes  No  
\*Are you a spouse of a Veteran injured, disabled or killed in the line of duty?  Yes  No  
(If you selected no to both questions, skip to Payment Method)

\*Branch of Service \_\_\_\_\_ \*Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Do you have a service connected disability?  Yes  No \*If yes, what % is your disability currently rated?  
(Check one)  0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%  
\*Are you homeless?  Yes  No \*Do you have a campaign medal?  Yes  No  
\*Was your discharge Dishonorable?  Yes  No

\*Payment Method Information (Check one)  Direct Deposit (Request an Authorization Form)  Debit Card

Note: If you choose Direct Deposit, payment will be made by Debit Card until your Direct Deposit request is Authorized.

**Dependent Detail** (If you do not wish to claim dependents skip to Employment History)

\*Dependent Type: **Child** (Include natural children, stepchildren, legally adopted children and children of whom you have court ordered custody) Do you have children under the age of eighteen OR an older child who was unable to work during the past 90 days due to an illness or disability?  
 Yes  No (If no, skip to Dependent Type: Spouse)

\*Number of Dependent Children Under 18: \_\_\_\_\_ (Provide the name, SSN and birth date starting with your **youngest** child)

*First Name	MI	*Last Name	SSN	*Date of Birth

If you have more than two dependent children under 18, request Dependent Listing Form.

\*Dependent Child Over 18 with Illness/Disability: (Provide the name, SSN and birth date of your dependent child over 18)

*First Name	MI	*Last Name	SSN	*Date of Birth

\*What is the illness or disability? \_\_\_\_\_

If you have more dependent children over 18 with illness or disability, request Dependent Listing Form.

1a) \*Do you and the children's other parent live in the same household? (If no, skip to question 2)  Yes  No

1b) \*Did you and your spouse together provide more than 50% of the support of the children during the past 90 days and did you provide at least 25% of that support?  Yes  No

2) \*If you and the children's other parent do not live in the same household, did you furnish more than 50% of the support for the children during the past 90 days?  Yes  No

3) \*Within the past 12 months, up to today, has anyone else claimed any of your children on an Illinois Unemployment Insurance Claim?  Yes  No

If Yes, what is the name and SSN of the person claiming the dependant child/children?

\*Name: \_\_\_\_\_ \*SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Children

\*Dependent Type: **Spouse (or civil union partner)** \*SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Within the past 18 months did your spouse work in Illinois?  Yes  No

\*For the 90 consecutive days before this claim, did you furnish more than 50% of the cost of support for your lawful spouse?  Yes  No

Spouse

**Employment History** List where you have worked during the past 18 months. (Start with your most recent job.)  
If you worked for a Temporary Agency, provide the name, address, and phone # of the Agency.

\*Employer Name: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Company Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\*For this period of employment, what date did you start? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Last date worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Total # of days worked: \_\_\_\_\_ \*In what state(s) was your work performed? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\*Why are you no longer working for this employer? (check one)  Laid-Off (Lack of Work)  Discharged (Fired)  
 Quit  Strike / Labor Dispute (Ask for LD Questionnaire)  Still Working (Part Time)  Military Discharge

If you worked for a Temporary Agency provide the name of the employer you worked for or were assigned to.  
Employer Name: \_\_\_\_\_  
\*What was your most recent job title: \_\_\_\_\_  
If you have other employers in the past 18 months, list below. If none, skip to Claimant Certification.

(Office Use Only) UI Acct#:  LEU  BCE  LAG \*How many weeks OWBA: \_\_\_\_\_

\*Employer Name: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Company Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\*For this period of employment, what date did you start? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Last date worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Total # of days worked: \_\_\_\_\_ \*In what state(s) was your work performed? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\*Why are you no longer working for this employer? (check one)  Laid-Off (Lack of Work)  Discharged (Fired)  
 Quit  Strike / Labor Dispute (Ask for LD Questionnaire)  Still Working (Part Time)  Military Discharge

If you worked for a Temporary Agency provide the name of the employer you worked for or were assigned to.  
Employer Name: \_\_\_\_\_  
(Office Use Only) UI Acct#:  LEU  BCE  LAG \*How many weeks OWBA: \_\_\_\_\_

If you need to list more employers, request the Work History Form.

**Claimant Certification - Please Read Carefully**

I hereby file a claim for unemployment insurance benefits. I certify that the information for my benefit claim, including the status of my dependents, is true and correct to the best of my knowledge and belief. I am aware that the law prescribes penalties of fine and imprisonment for making false statements to obtain benefits, including dependent allowance. I understand that the information submitted by me may be verified through matching programs and will be used by other Federal, State, or Local Agencies and that information submitted by me to these agencies will be used by IDES in determining my eligibility and amount of unemployment benefits. I also understand that, pursuant to Section 1900 of the Unemployment Insurance Act, any information that I provide to the Department of Employment Security in connection with the claim may be shared with my former employers or their representatives.

I understand that, unless I am exempt, registration for work with the Illinois Employment Service is a requirement to be eligible for Unemployment Insurance Benefits under Section 500A of the Illinois Unemployment Insurance Act; unemployment insurance benefits will not be paid until I complete my registration; and registration can be completed by visiting [www.IllinoisJobLink.com](http://www.IllinoisJobLink.com).

\*CLAIMANT SIGNATURE: \_\_\_\_\_ \*DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_