

Illinois Department of Employment Security
P.O. Box 19509
Springfield, IL 62794
 Phone: 800-244-5631 • TTY: 866-322-8357
 Fax: (217) 557-4913
 www.ides.illinois.gov

Notice to Protest Benefit Charges

If you received a notice that you are the Chargeable Employer on an Unemployment Insurance claim it is because you are the last employer for whom the claimant worked for 30 days (not necessarily consecutively) from the beginning of the claimant's Base Period to the "Date of Claim." You will be charged for any benefits paid to him/her. Benefits paid to him/her will be assessed to your UI Account as the Chargeable Employer. The claimant's benefits are usually based on wages earned from all employers during the first four of the last five completed calendar quarters (Base Period) prior to the claimant's "Benefit Year Begin." You will be charged for the benefits paid even if the wages you paid the claimant are not used in calculating his/her benefits. If the claimant worked for you for less than 30 days, you could be charged because you were the single employer that paid the claimant enough in wages to requalify after a disqualifying separation from a previous employer. Rules on charging can be found at 56 Ill. Adm. Code 2765.325 et seq. [See www.ides.illinois.gov under rules.]

If you wish to protest a notice that you are chargeable on an Unemployment Insurance claim, you must do so in writing by completing this form or submitting a signed letter which gives a detailed and complete statement of facts supporting your allegation and returning it by the response due date listed on the Notice of Claim you received via SIDES. You may either mail this form to IDES at P.O. Box 19509 Springfield, IL 62794, fax to (217) 557-4913 or enter information into this fillable PDF form and once complete save this document and attach it to your SIDES response on the page titled "Attachments".

Unless you request reconsideration of your chargeability by the response due date listed on the "Notice of Claim" you received via SIDES, this decision will become final.

Employer Information					
Employer Name/DBA:			Phone Number:		
Employer Address:					
Employer Account Number:			FEIN:		
Claimant/Claim Information					
Notice of Claim Reply Due Date:			Claim ID Number:		
Claimant SSN:		Last Name:		First Name:	
Suffix:	Middle initial:	Other last Name:			
Please select one of the following and complete all other related information:					
<input type="checkbox"/> I did not employ the claimant for 30 days			Start Date: _____ End Date: _____		
			Total Number of Days Worked: _____		
<input type="checkbox"/> Leased employee (Please identify leasing Agency Name and Address)					
Agency Name					
Address 1				Address 2 (Apt., Floor, Suite, etc.)	
City				State	Zip Code
<input type="checkbox"/> Claimant never worked for me <input type="checkbox"/> Claimant is not unemployed *NOTE: Claimant may still be eligible if working part-time					
I certify that the information contained herein is true and correct.					
Name (printed):			Signature:		
Title:		Contact Name (if different):			
Date:		Telephone Number:			