Step-by-step guide to completing the UI Application during COVID-19

We are currently processing more applications for unemployment benefits than we have ever received before. To ensure our online system can handle the increased activity, we are asking **new applicants to apply on an assigned day**. The day you file for benefits will not affect the amount of benefits you receive.

If the last digit of your Social Security number is:	Apply online 6 A.M. to 8 P.M. on this day of the week:
0, 1 or 2	Monday, Thursday, Friday
3, 4 or 5	Tuesday, Thursday, Friday
6, 7, 8, or 9	Wednesday, Thursday, Friday

STEP 1. Go to www.uimn.org and select Applicants.

STEP 2. Select **Apply for Benefits**. You will find the link near the bottom of the page, under *I Need To...*

Welcome Applicants!

This is the official resource for information about Minnesota Unemployment Insurance (UI) benefits.

UI benefits provide a temporary partial wage replacement to workers who become unemployed through no fault of their own.

If you have become unemployed or had your hours greatly reduced, complete the Application Process – we will determine whether or not you are eligible and notify you.

I Need To...

- Apply for Benefits
- Request a Benefit Payment
- Log in to my Account
- Find a Job

Quick Links

- Estimate Your Benefits
- Information Handbook
- Health Care & Community Services
- Report UI Fraud
- UI Law

Minnesota Voter Registration

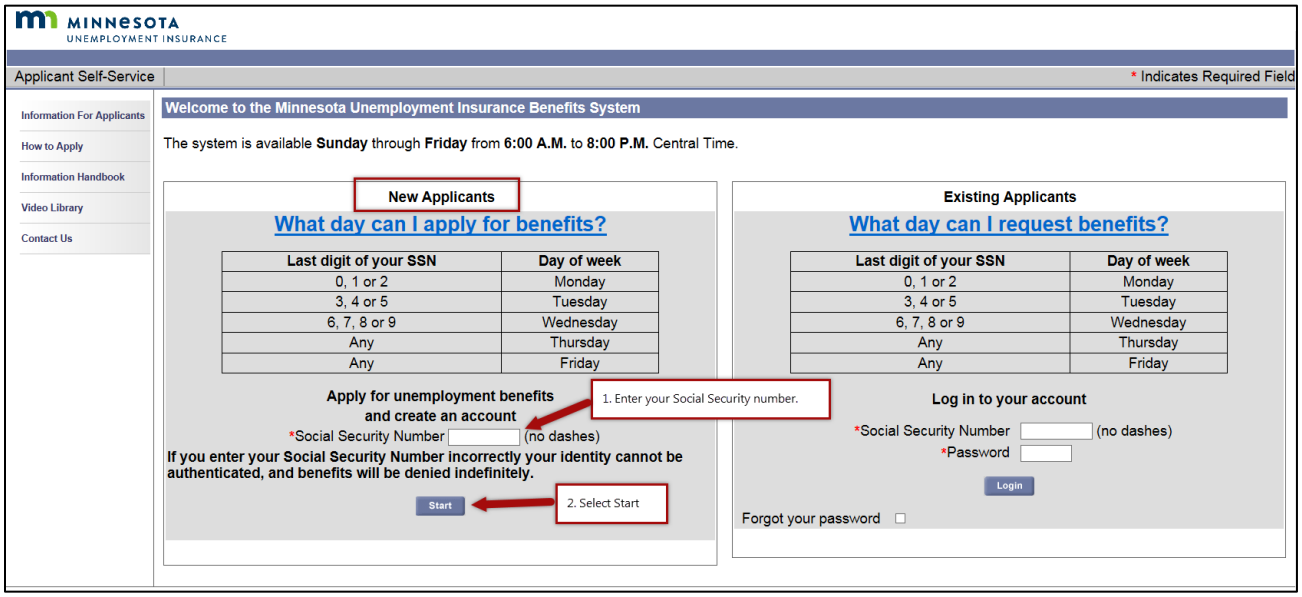
News & Updates

- COVID-19 and unemployment benefits
- IRS Form 1099-G year-end tax information
- Upcoming Work Search Events

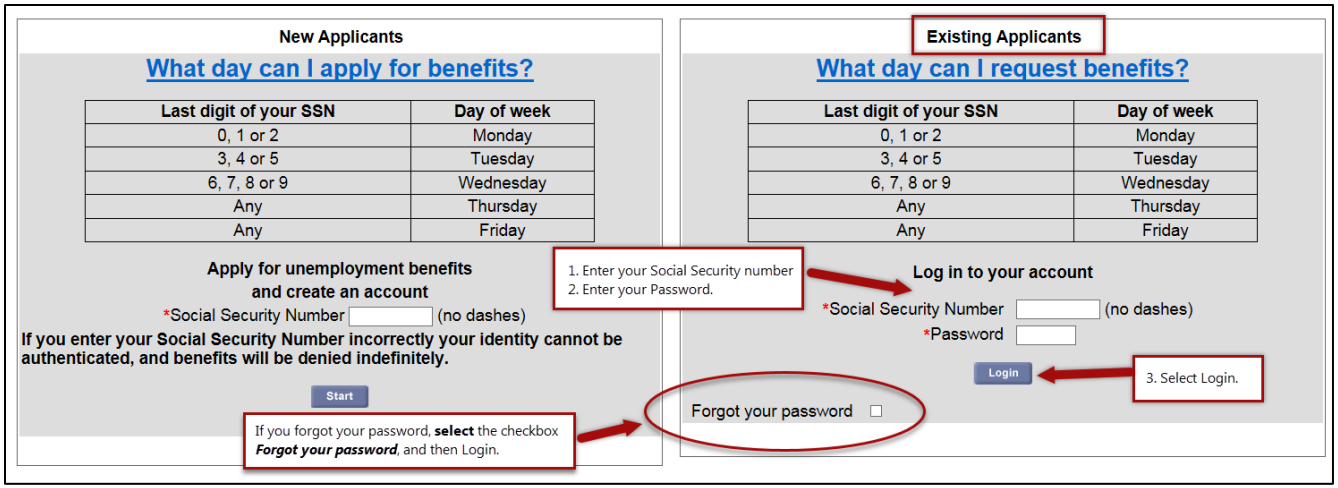
Labor Market Data

STEP 3. Start your application.

If you have never applied for Minnesota unemployment benefits, on your scheduled day, enter your Social Security number and then select **Start**.



Existing Applicants: If you have previously had a Minnesota unemployment benefit account, enter your Social Security number, password and then select **Login**. If you do not remember your password, select the checkbox for ***Forgot your password*** and then Login. Follow the steps on the page to reset your password.



STEP 4. Review information to help you through the application process. Watch videos, review the list of information you will need to complete your application for benefits, and then click each items checkbox before you select **Start the application**.

Welcome to the Minnesota unemployment benefit application

Apply for benefits as soon as you are unemployed or your hours have been reduced.

COVID-19

We are currently processing a record number of applications for unemployment benefits. Thank you for your patience during this unusual time.

If you are confused about the application process or how to answer a particular question, see this page for helpful information.

We have redirected staff to process as many unemployment benefit applications as quickly as possible. That means we may not be able to assist you by phone.

Please watch the videos below before you apply so you have a good understanding of the process.

Videos about applying for benefits

- What You Should Know Before Applying (video, 7:38)
- Completing the Online Application (video, 9:06)

What information do I need?

✓ Check the items below to make sure you are ready to apply:

- ☐ Driver's license number or other state government identification number
- ☐ Employment history for the **last 18 months**, including:
  - Each employer's name, address and phone number
  - Dates of employment
  - Pay rate
  - Reason you are no longer working
- ☐ Your bank account and routing numbers, if you want direct deposit
- ☐ If you are not a United States citizen, you need your work authorization document
- ☐ If you served in the U.S. military in the last 18 months, you need your DD-214, Member 4
- ☐ If you were a federal employee in the last 18 months you need your SF-8 and SF-50

Review list of items needed to apply. Select each checkbox.

I have my information and I am ready to apply.

Start the application

Select **Start the application** to begin applying for benefits.

STEP 5. Read the Data Privacy Authorization. Select **Yes**, and then **Next** to move to the next page.

Data Privacy Authorization

The information you provide will be used by the Department of Employment and Economic Development to determine your eligibility for unemployment insurance benefits and help you look for work.

United States Code Title 42 section 1320b-7 requires that applicants provide their social security number to be eligible for unemployment benefits. Minnesota Statute 268.07 requires applicants must be unemployed at the time the application is filed and that they must provide all of the information requested. Incomplete applications cannot be processed.

Employers are authorized by law to provide information on your dates of employment, wages paid, and why you left employment. Information you provide about why you left specific employment may be disclosed to that employer, so your eligibility for benefits and the effect on the employer can be determined.

Information you or your employer provide to the Unemployment Insurance Program is classified as private under Minnesota law. It cannot be disclosed without your written permission except as specified in state or federal law. Below is a partial list of agencies that may obtain information you provide the Unemployment Insurance Program.

- Child Support Enforcement Agencies
- Federal and State Law Enforcement
- Internal Revenue Service
- Minnesota Department of Revenue
- Social Security Administration
- State and Local Public Assistance Agencies
- Unemployment Insurance Programs in other States
- U.S. Immigration and Customs Enforcement

Minnesota Statute 268.19 has the complete list of agencies that may obtain your information from the Unemployment Insurance Program. Information you provided may be verified with these agencies through electronic matching.

* **I have read and understand the above.**

○ Yes ○ No

Previous Next

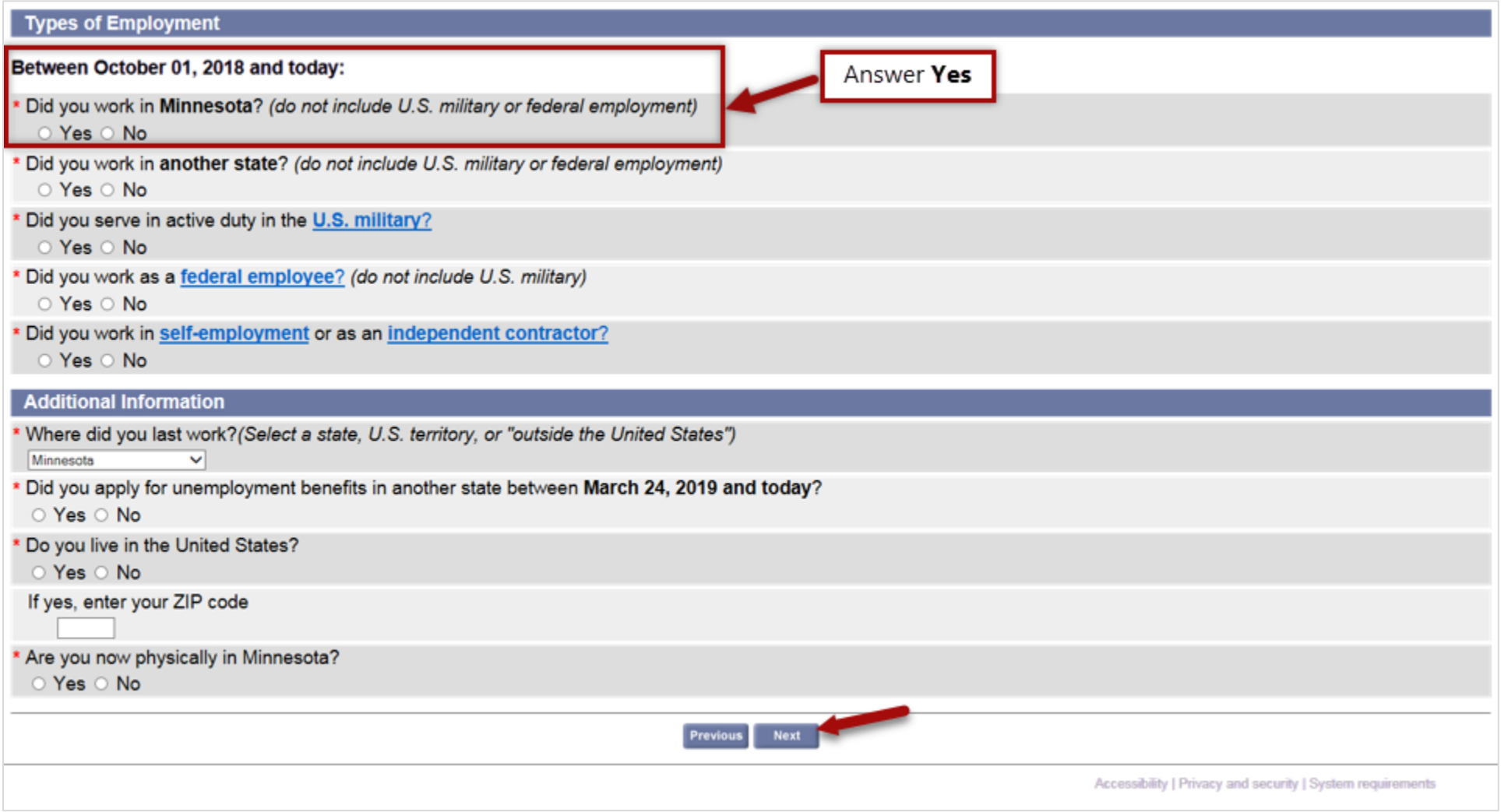
To navigate in the registration process use the Previous or Next buttons at the bottom of the page. **Do not** use the "Back" or arrow buttons on your browser.

Accessibility | Privacy and security | System requirements

STEP 6. Types of Employment: Answer each question as it applies to you.

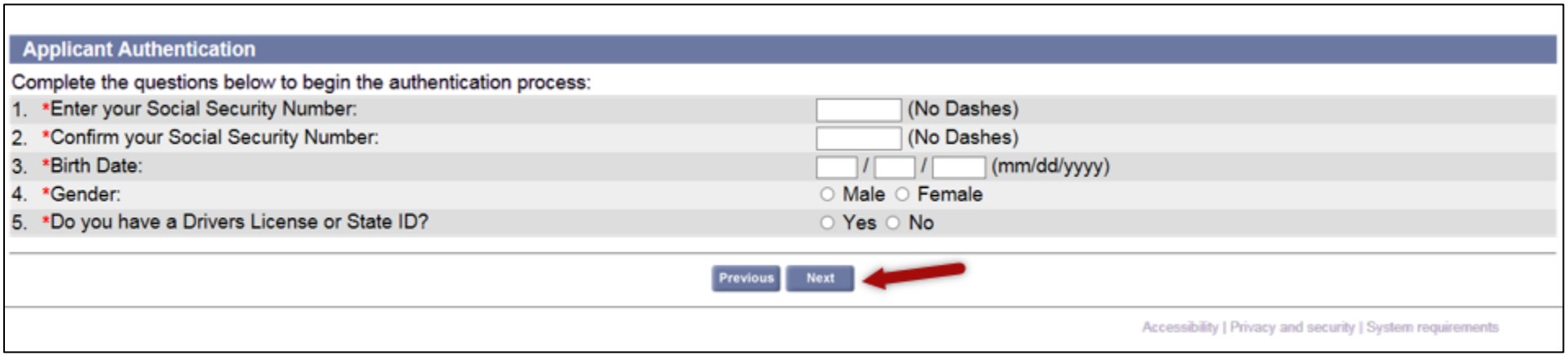
Be sure to select '**Yes**' to the question – *Did you work in Minnesota?* - if you are not in the U.S. military or federal employment.

When finished, select **Next**.

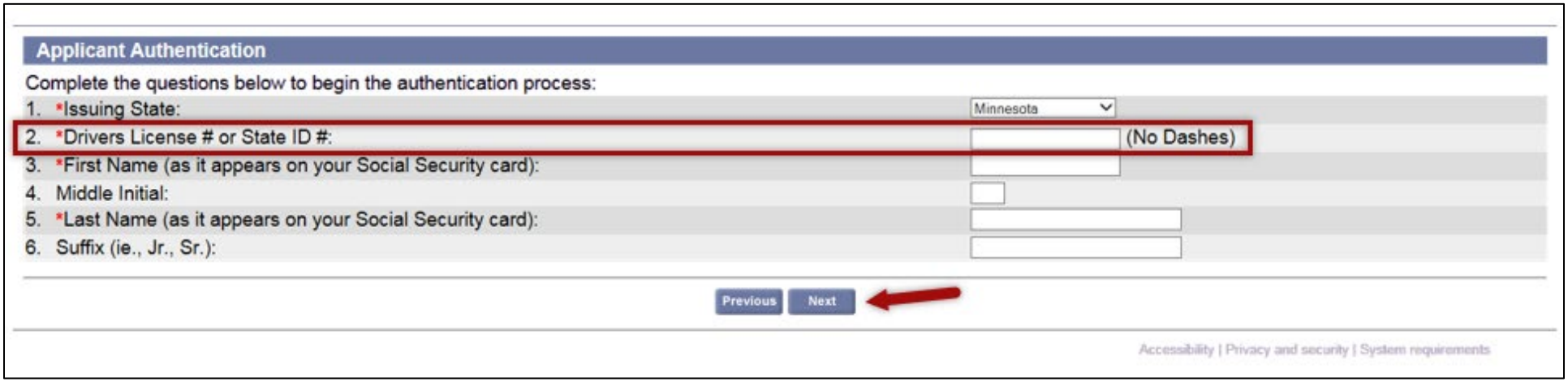


Note: You may receive a ⊗ Validation Error(s) message if you miss a question or the answer you provide does not match a previous answer given for a similar question. To fix the error, look through the page for the validation symbol ⊗.

STEP 7. Applicant Authentication: Enter your Social Security number (no dashes). Answer the other questions and then select **Next**.



STEP 8. Applicant Authentication – continued. If you selected 'Yes' to the question "*Do you have a Drivers License or State ID?*" you will need to provide your Drivers License # or State ID # (no dashes). Select **Next**.



STEP 9. Assign password. Enter a unique password, select a security question and enter the answer to your question, and then select **Next**.

Your password, along with your Social Security number, is your electronic signature. You will need your password to contact a Customer Service Representative. Make sure to keep it in a safe place.

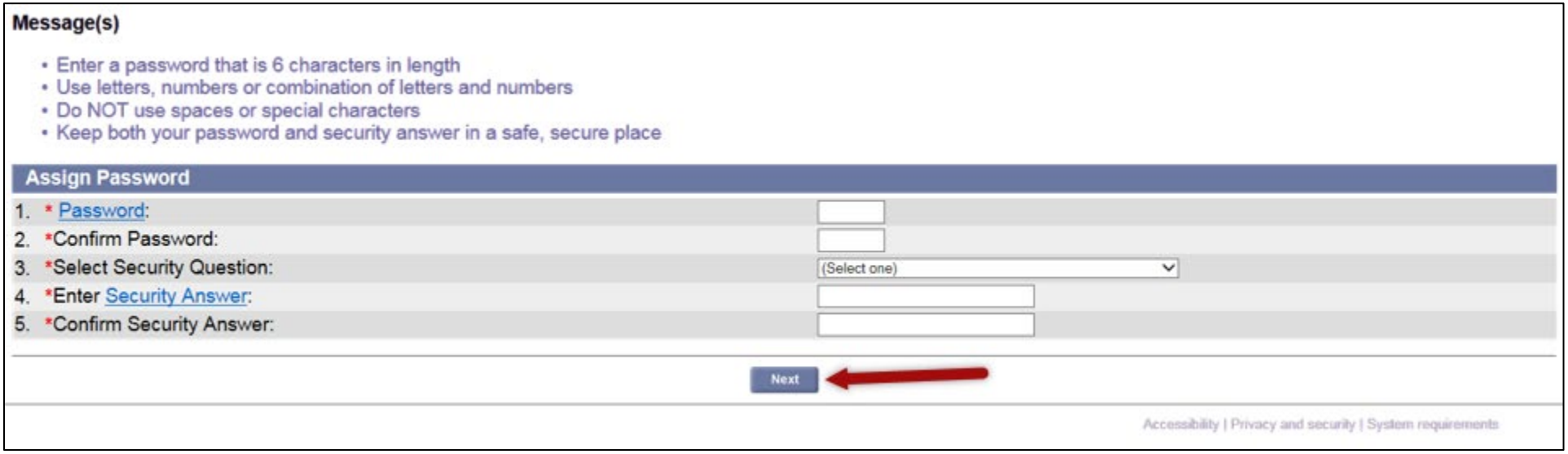
Use a password that you can remember easily (like a word or number) but that only you know.

When you create your password online, you can use letters and numbers, but no spaces or special characters, like symbols or punctuation.

> **Good example:** doggy5,
>
> **Bad examples:** dogg y (space), doggy* (symbols), or doggy! (punctuation)

You will use the same password online and on the phone. When entering your password by phone, you will have to press the buttons corresponding to any letters.

> **Example**: If the password you created online is DOGGY5 you would press the buttons on your phone that has each of those letters: 3 6 4 4 9 5



STEP 10. Your contact information. Enter your address, telephone number, and email address (if you have one). Select **Next**.

During COVID-19, we may use your email address to send you periodic messages about your account.

We are not currently able to answer questions about accounts via email.

General Information - Contact Information

First Name:
Middle Initial:
Last Name: Suffix:

1. In care of (c/o):		(if applicable)
2. * Street Address or PO Box:		(Include apartment or unit number)
3. *City:		
4. State / Province:	(Select one)	(U.S. and Canadian only)
5. * Zip / Postal code:		
6. County of Residence:	(Select one)	(Minnesota Residents only)
7. *Country:	UNITED STATES OF AMERICA	
8. * Telephone Numbers - U.S. or Canada only		
Home:	( ) - -	
Cell:	( ) - -	
Other:	( ) - -	
9. Telephone Number - Non U.S. or Canada:		
10. * When possible, would you like to view your mail via Email , instead of by U.S. Mail?	○ Yes ○ No	
If Yes, enter Email Address:		
Confirm Email Address:		

Keep the address on your account up-to-date for at least four years after your last request for benefit payment. Even after you stop requesting benefits, your account may be audited or we may need to contact you for other reasons. If we can't reach you, audit findings will be made without your input, and you will be responsible for any overpayments that might result.

Previous Next

Accessibility | Privacy and security | System requirements

STEP 11. Demographic Information. Complete the questions as they apply to you. Select **Next**.

Demographic Information

* Are you a U.S. military veteran?
  - ○ Yes ○ No
* Ethnic Heritage:
  - ○ Hispanic or Latino
  - ○ Not Hispanic or Latino
  - ○ I choose not to answer
* Race:
  - ○ White
  - ○ Black or African American
  - ○ Asian
  - ○ Alaskan Native or American Indian
  - ○ Native Hawaiian or other Pacific Islander
  - ○ More than one race
  - ○ I choose not to answer
* Highest level of education:
  - (Select one)
* Do you have a disability?
  - ○ Yes ○ No ○ I choose not to answer
* Are you a U.S citizen?
  - ○ Yes ○ No

Previous Next

Accessibility | Privacy and security | System requirements

STEP 11. Demographic Information. – continued. Select **Next**.

Demographic Information

* Have you recently registered a vehicle?

- ○ Yes - Enter the state you last registered a vehicle:
- ○ No - I have not registered a vehicle recently
- ○ I do not know or remember
- ○ I choose not to answer

* Did you graduate high school or obtain a GED?

- ○ Yes - Enter the name of the school and year you graduated:
- ○ No - I did not graduate from high school
- ○ I do not know or remember
- ○ I choose not to answer

* Do you have a professional license or certificate?

- ○ Yes - Enter your license or certificate title and ID number:
- ○ No - I do not have a professional license or certificate
- ○ I do not know or remember
- ○ I choose not to answer

* Have you recently filed a tax return?

- ○ Yes - Enter the state where you most recently filed your tax return:
- ○ No - I have not recently filed a tax return
- ○ I do not know or remember
- ○ I choose not to answer

* Are you currently registered with MinnesotaWorks.net?

- ○ Yes - Enter the name you used on your uploaded resume on MinnesotaWorks.net:
- ○ No - I have not registered with MinnesotaWorks.net
- ○ I do not know or remember
- ○ I choose not to answer

Previous Next

STEP 12. Child Support Information. Answer the question and then select **Next**. If you are required to pay child support, you will need to provide additional information before moving on to the next page.

STEP 13. Work information. Answer each question as it applies to you.

Note: Most unions in Minnesota are not hiring hall unions.

If you know when your employer will call you back to work, answer **'Yes'** to the question "Do you have a definite recall date?" Enter that date. Keep that date handy for additional questions later in the application process.

If you do not expect to go back to work or are not sure when you will go back to work, answer **'No'** to the question about your recall date.

STEP 14. Describe your work. Select the overall type of work that best describes your job and then **Next**.

For this example, the category that best describes the person's type of work is *Food preparation and services*.

Describe your work

Next we want to know what you consider your "usual" job title. The job title for which you would be looking for work.

This is a three part question:

- The first question asks about your overall type of work
- The next will define it closer to the job you usually do
- The third question should be your usual job title or as close to it as the options provide

* Begin by selecting your overall type of work from the list below:

- ☐ **Architecture and engineering** (Architects, drafters, engineers, surveyors)
- ☐ **Arts, design, entertainment, sports, and media** (Artists, designers, entertainers, media equipment workers, writers)
- ☐ **Building and grounds cleaning and maintenance** (Building maintenance, grounds maintenance, janitors)
- ☐ **Business and financial operations** (Accountants and tax specialists, business operations managers, financial analysts)
- ☐ **Community and social services** (Counselors, social service specialists, social workers)
- ☐ **Computer and mathematics** (Actuaries, computer programmers, database administrators)
- ☐ **Construction and extraction** (Carpenters, construction workers, electricians, equipment operators, plumbers)
- ☐ **Education, training, and library science** (Archivists, librarians, teachers, teaching assistants)
- ☐ **Farming, fishing, and forestry** (Agricultural workers, breeders, logging)
- ☐ **Food preparation and services** (Bartenders, chefs, cooks and food preparation, food servers)
- ☐ **Healthcare practitioners and technicians** (Dentists, physicians, nurses)
- ☐ **Healthcare support** (Home healthcare aides, nursing or medical assistants, occupational or physical therapists)
- ☐ **Installation, maintenance, and repair** (Automotive or aircraft mechanics, electronics, maintenance or repair, heating and air technicians)
- ☐ **Legal** (Judges, lawyers, paralegals)
- ☐ **Life, physical, and social sciences** (Economists, social science research, scientists)
- ☐ **Management** (Advertising and sales managers, executives, operations managers)
- ☐ **Military specific** (Military enlisted tactical operations, military officers or specialists)
- ☐ **Office and administrative support** (Customer service representatives, financial clerks, office and administrative support)
- ☐ **Personal care and service** (Barbers or cosmetologists, personal care aides)
- ☐ **Production** (Food processing, laundry and dry cleaners, plant operators)
- ☐ **Protective services** (Correctional officers, fire fighters, law enforcement, security guards)
- ☐ **Sales and services** (Cashiers, real estate, sales representatives, telemarketers)
- ☐ **Transportation and material moving** (Drivers, pilots, rail or water transportation operators)
- ☐ **I cannot find my type of work**

Previous Next

STEP 15. Describe your work – continued. Select your trade or occupation and then select **Next**.

For this example, the category that best describes the person's trade or occupation is *Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop*.

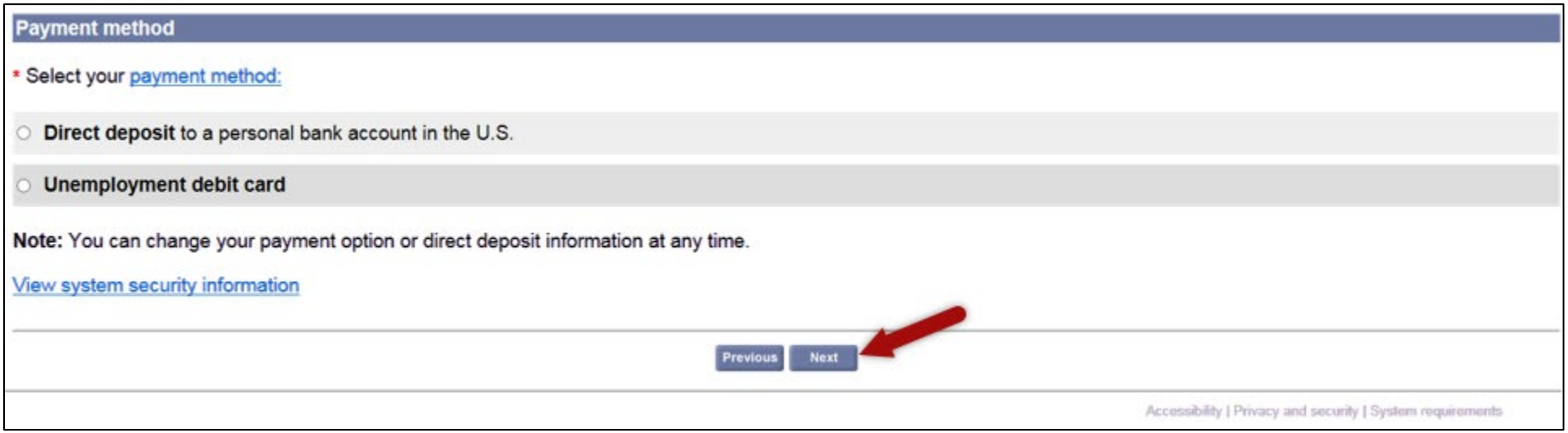
STEP 16. Describe your work – continued. Select your job title that best describes your job and then select **Next**.

For this example, the category that best describes the person's job title is *Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop*.

STEP 17. Describe your work – continued. Enter the number of years you have done this type of work and then select **Next**.

STEP 18. Payment method. Select how you would like to receive your benefit payments.

There are two choices: debit card or direct deposit. Most people find that direct deposit is the most convenient way to get paid. Select your preferred payment method and then select **Next**.



STEP 18a. Payment method – direct deposit. If you select direct deposit, enter your routing number (if you need more information about where to find your routing number, select the routing transit number link). Select Verify to confirm your bank's routing transit number. Enter your bank account number and then select **Next**.

STEP 18b. Payment method – Unemployment debit card. If you chose debit card, review the *important information about unemployment debit card fees*, select **Yes**, and then select **Next**.

STEP 19. Tax Withholding. Unemployment benefits are taxable income under both federal and Minnesota law. Select whether you would like taxes withheld from any unemployment benefits you receive.

Your withholding options are:

- 15% - federal and state taxes;
- 10% - federal only;
- 0% - no income tax withholding.

You may update your withholding choice at any time after you apply.

Tax Withholding

Unemployment benefits are taxable income under both federal and Minnesota law.

* I authorize the Minnesota Unemployment Insurance Program to withhold income taxes from my unemployment benefit payments as follows:

Select one:	Income Tax Type	Withholding Percentage
○	Federal income tax + Minnesota state income tax	15%
○	Federal income tax	10%
○	No income tax withholding	0%

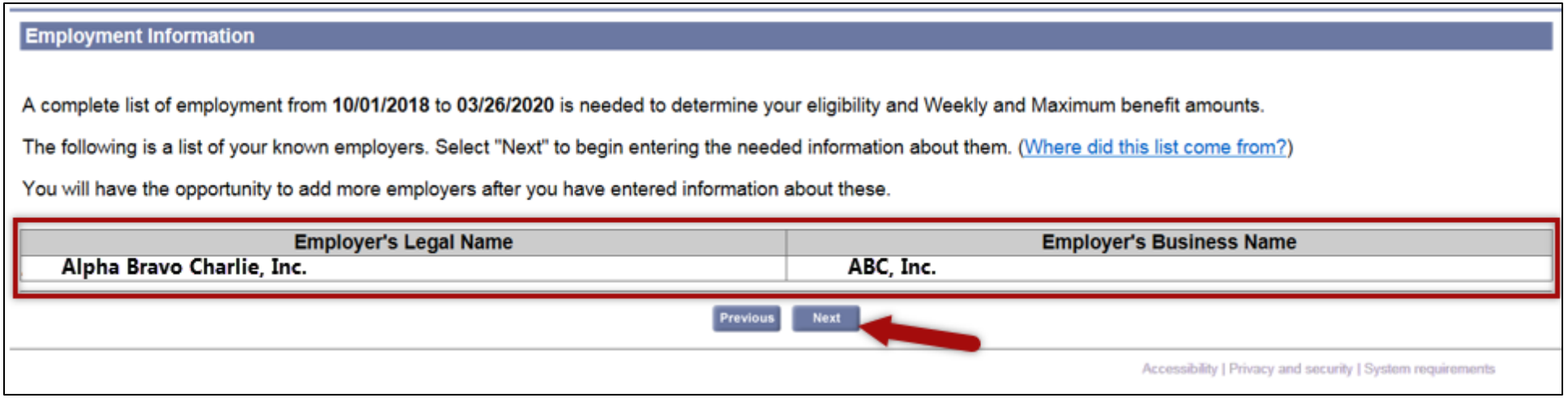
Note: You may change your withholding choice at any time after you apply.

Previous Next

Accessibility | Privacy and security | System requirements

STEP 20. Employment Information. Review the list of your known employers. Select **Next** to begin entering information about your employment with them.

Note: If you do not see an employer listed on this page, select *Next*. You will need to add your employer (see STEP 22).



STEP 21. Detailed Employment Information. You will now answer questions about the employers listed on the previous page.

Pay attention to the employer name and information listed at the top when answering the question on this page. An employer's legal name and business address may be different than what you are used to. Look at a paycheck or W-2 from your employer to help determine if you worked for the company listed.

Minnesota Detailed Employment Information

Minnesota Employer Legal Name:
Alpha Bravo Charlie, Inc.

Minnesota Employer Business Name: **ABC, Inc.**

Employer Address (main office, payroll office, headquarters)
28 WILLOW LN
SAINT PAUL MN 55125-1148

Employer Work Location Address
28 WILLOW LN
SAINT PAUL MN 55125-1148

* Did you work for this employer anytime in the last 18 months?
○ Yes ○ No

If "Yes", complete the following information:
If "No", this employer will be notified that you indicated you did not work for them.

Most Recent Work Address: if you did work for this employer, but the work location address is different, enter the address below.

Street Address:

City:

State:
(Select one)

ZIP Code:
-

Employer phone number:
( ) - -

STEP 21. Detailed employment information – continued. Complete the questions on this page.

Select COVID-19 as your reason for separation from your employer. Select COVID-19 even if you are still working and your hours have been reduced.

Select **Next**.

* First day worked:
[ ] / [ ] / [ ] (mm/dd/yyyy)

* Last day worked:
[ ] / [ ] / [ ] (mm/dd/yyyy)
(If you are still working, enter your most recent date worked.)

* Pay rate:
$ [ ]
- ○ per hour
- ○ per week
- ○ per month
- ○ per year

* Average number of hours worked per week:
[ ]

* Job title:
[ ]

* Is this business owned or partially owned by you, your spouse, your parent, or your child?
○ Yes ○ No

* Is the employer a temporary agency ?
○ Yes ○ No

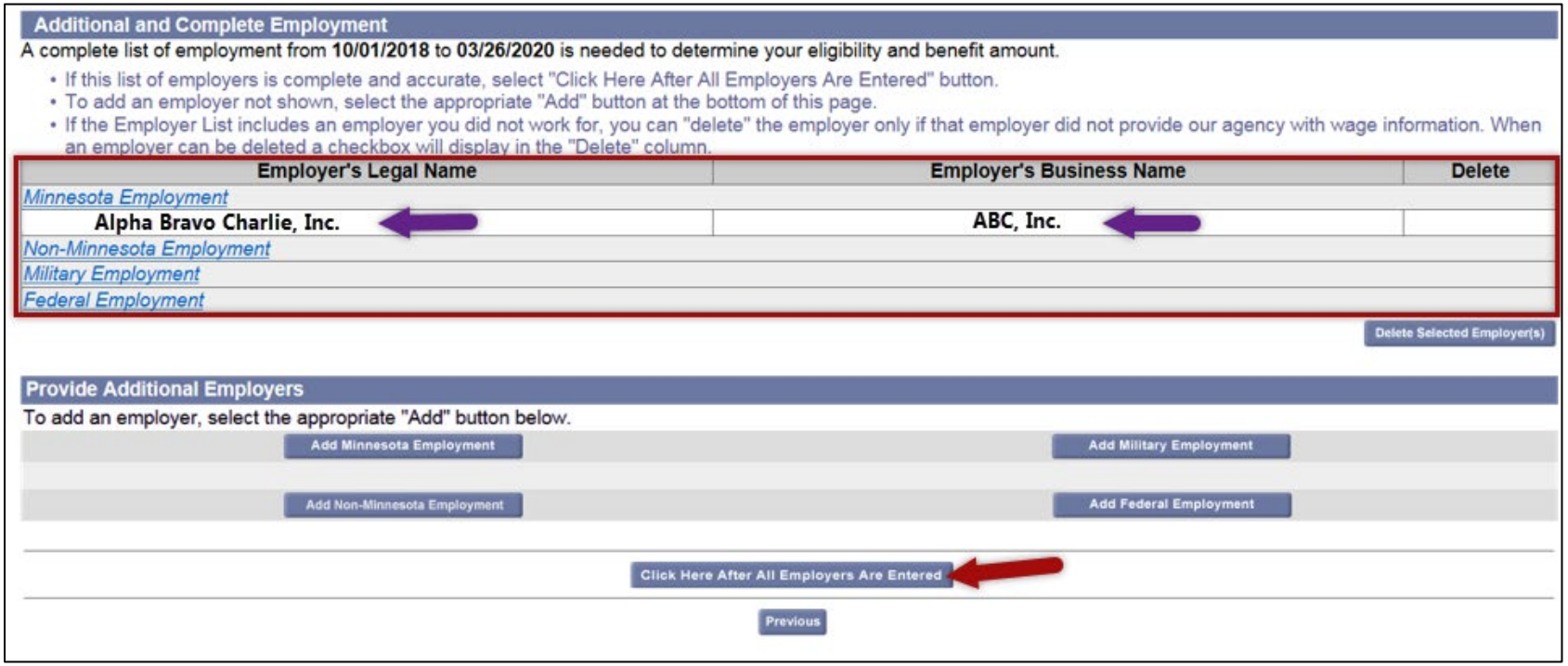
* Reason for separation from this employer:
- ○ **Layoff:** Some examples are: lack of work, temporary layoff, seasonal layoff, reduction in force (RIF), your position was eliminated, your employer's business closed/plant shutdown (temporarily or permanently).
- ○ **Quit:** You decided to leave your employment. This includes work-related, personal, or medical reasons, change in residence, found other job, etc.
- ○ **Discharged/Dismissed/Terminated:** Your employer decided to end your employment for reasons other than layoff.
- ○ **Suspension:** Your employer will temporarily not allow you to work. For example: Pending an investigation or disciplinary action. (if for medical reasons, go to leave of absence).
- ○ **Leave of Absence:** You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
- ○ **COVID-19:** You are currently unemployed as a direct or indirect result of COVID-19/ Coronavirus.
- ○ **Still working:** This includes part-time, on-call employment or reduced hours.
- ○ **Business Sold or Closed:** You either sold or closed a business that you had a controlling ownership in.

Previous Next

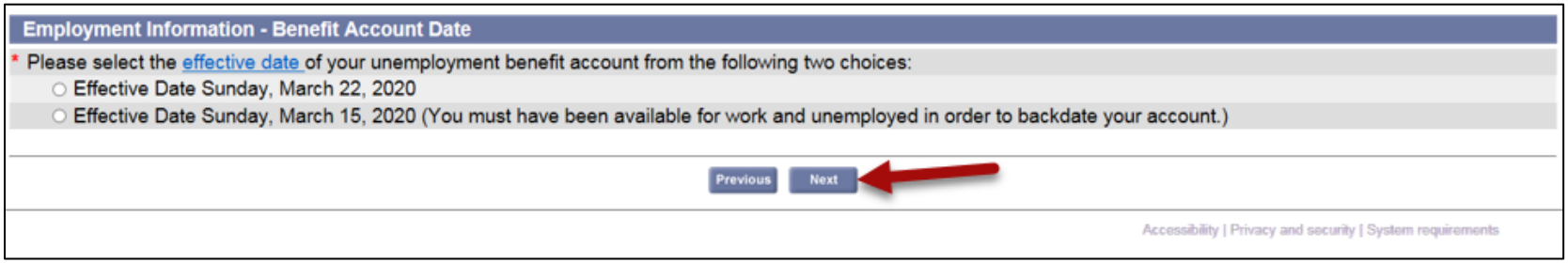
STEP 22. Additional and Complete Employment. Review the list of employers. If the list of employers on this page is complete and accurate, select **Click Here After All Employers are Entered**.

To add an employer that was not shown on the previous screens, select the appropriate "Add employment" button and provide the detailed employment information as instructed in STEP 21.

It's important that you do your best to find your employer. Keep in mind an employer's legal name and business address may be different than what you are used to. Look at a paycheck or W-2 from your employer to help determine if you worked for the company listed.



STEP 23. Benefit account date. Select the week that you first became unemployed or had your hours reduced.



STEP 24. Separation questions due to COVID-19. You will have to answer additional questions about how your job was affected by COVID19. Complete all questions the best you can.

There are questions about how your job was affected by COVID19. Answer each question as it applies to you.

Answer **Yes** to the question "Are you unemployed or working fewer hours due to COVID-19/coronavirus?"

Enter the last date you worked or the first day you began working your reduced schedule and then select **Next**

Unemployment Insurance Request for Information

Employer name:
Doing business as:
Employment start date:
Employment end date:
Average number of hours worked per week:
Last wage:
Job title:

The following information is needed to determine your eligibility for unemployment benefits. Respond by the due date. If you do not respond, a determination will be issued from available information.

*Are you unemployed or working fewer hours because of COVID-19/coronavirus?	X Yes ○ No
*Are you self-employed?	○ Yes ○ No
*Did your place of employment temporarily or permanently shut down as a result of COVID-19/ coronavirus?	○ Yes ○ No
*Has a health authority or a health care professional recommended or ordered you to stay home from work?	○ Yes ○ No
*Have you been notified that your ordinary childcare is unavailable and been unable to find either A) alternative childcare or B) an accommodation from your employer?	○ Yes ○ No
*Provide the last date you worked **OR** the first day you began working your reduced schedule	/ / (mm/dd/yyyy)

☐ I will be sending in documents that support my answers.

Please describe the documents.

If you wish to provide any additional information about this issue, please provide it below:

ST-120A

Previous Next

If you check the box to submit additional documentation, a cover sheet will be mailed to you to include with your documents. If you would like to print the cover sheet now, go to your Account Home page.

STEP 25. Eligibility Information. We will ask about other sources of income. Answer Yes or No as appropriate. Select **Next**.

Be sure to report if you will received vacation pay or Personal Time Off (PTO) pay while you're not working.

Eligibility Information

Have you applied for or are you receiving any of the following:

1. * Social Security Retirement Benefits based on your **own** earnings? ○ Yes ○ No
   - Does NOT include Supplemental Security Income (SSI), Survivors or Dependent benefits
   - Individuals are not eligible for Social Security Retirement until age 62
2. *Payments from a Union Pension fund contributed to by one or more employers? (Including lump sum and periodic payments) ○ Yes ○ No
3. *Payments from a pension fund, annuity fund or a retirement account contributed to by an employer? (Including 401K, and lump sum or periodic payments) ○ Yes ○ No

Since 10/01/2018, have you received, applied for, or are you receiving any of the following:

4. * Social Security Disability Benefits? ○ Yes ○ No
   - Does NOT include Supplemental Security Income (SSI)
5. *Workers Compensation payments for loss of wages? ○ Yes ○ No
6. * Other disability payments for loss of wages? ○ Yes ○ No

Since 10/01/2018, have you received, or do you expect to receive any of the following upon separation from employment:

7. *Accrued vacation pay or Personal Time Off (PTO) pay? ○ Yes ○ No ○ Not Sure
   - Includes temporary layoff
   - Does NOT include holiday pay
8. *Severance or any other separation payments? ○ Yes ○ No ○ Not Sure
   - Examples: bonus pay, wages in lieu of notice (notice pay), sick pay, not working but on the payroll, retention pay
   - Does NOT include holiday pay or regular earnings for work performed.

Since 10/01/2018:

9. *Have you worked for an educational institution or an employer contracting services to schools? ○ Yes ○ No
   - Does NOT include Head Start programs
10. *Were you paid to participate in, or train for any sporting events at any level as a coach, athlete or referee? ○ Yes ○ No
11. *Are you currently enrolled in school or a training program? ○ Yes ○ No
12. *Have you refused an offer of employment since 01/26/2020? ○ Yes ○ No

Previous Next

Accessibility | Privacy and security | System requirements

STEP 26. Review your application – edit answers. This last page of the application allows you to review all the questions we've asked, along with your answers. Please review your answers for each section of the application.

Need to change an answer? Follow the instructions on the next page (STEP 26a).

Ready to submit your application? When you are satisfied with your answers, return to the top of this page. Select the **Yes** checkbox; re-enter your **Social Security number** (no dashes) and then select the button "**Submit the Unemployment Benefit Application**."

Message(s)

- You indicated that you are "not sure" if you will receive Vacation Or Personal Time Off (PTO) pay because of or upon your separation from employment. You must contact the Department if you receive vacation or PTO pay during a temporary, seasonal, or indefinite layoff.
- You indicated that you are "not sure" if you will receive severance or any other payments due to separation from employment. You must contact the Department if you receive, or if you are notified by your employer that you will receive severance or any other payments due to separation from employment.

Your application is not complete yet! To complete your application you must do the following:

- Review your entries before submitting this application by selecting the links below or scrolling down the screen.
- If you need to change your entries select the "Modify Answers" button to go back to the appropriate section of the application.
- Check the "Confirm your Identity and Information" box, and re-enter your Social Security Number.
- Select "Submit the Unemployment Benefit Application", and wait for a confirmation page.

Review and Edit Contents

To review each section of your application click on the section header links below or scroll down the screen.

- Initial Questions
- General Information
- Employment Information
- Eligibility Questions

Confirm your Identity and Information

☐ ***Yes**, I have answered all questions fully and truthfully. I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements and follow the payment procedures in the "Information Handbook".

*Enter your Social Security Number: ☐ (Do not enter dashes)

For a Printer Friendly version of your application click here.

Submit the Unemployment Benefit Application

The following is a summary of your entries during this Unemployment Benefit Application process.

STEP 26a. Change an answer. Each section of the application provides a Modify button for you to quickly return to that section and correct an answer.

When you select the Modify button for a section, it will take you back to the beginning of that section. You most likely will need to move through the application pages to find the answer that needs to be updated. Use the **Previous** / **Next** buttons found at the bottom of each page to do this. After you have updated your answer, you must click through the application until you return to the Review page.

Types of Employment

Between October 01, 2018 and today:

* Did you work in **Minnesota**? *(do not include U.S. military or federal employment)*
Yes

* Did you work in **another state**? *(do not include U.S. military or federal employment)*
No

* Did you serve in active duty in the U.S. military?
No

* Did you work as a federal employee? *(do not include U.S. military)*
No

* Did you work in self-employment or as an independent contractor?
No

Additional Information

* Where did you last work?*(Select a state, U.S. territory, or "outside the United States")*
Minnesota

* Did you apply for unemployment benefits in another state between **March 24, 2019 and today**?
No

* Do you live in the United States?
Yes

If yes, enter your ZIP code
55101

* Are you now physically in Minnesota?
Yes

Modify

Top of Page

STEP 27. Confirmation page. Your confirmation page provides important information, including:

- A copy of your application. Select "**View printable version**" to print a copy.
- Your ***weekly and maximum benefit amount***. Please note the weekly benefit and maximum benefit amounts may be blank on this screen; do not worry if this is the case. We will provide an updated benefit amount once we have processed your application.
- **COVID-19 Information** that provides answers to system responses that may be concerning to you.
- When to submit a **Request for Benefit Payment**. (If you don't see a link to request payment, please allow more time. We are verifying your information. A link will be added to your account as soon as possible.

The **Next** button provides additional information about using your account and resources to help you return to work.

Your online account

Information about your unemployment benefit account is available online. After filing your unemployment benefit account, each time you log in with your social security number and password, you will be able to do the following:

- **View Your Account Action Items**: When additional information is needed to process your account or payment, your "Account Home Page" will display messages advising you what you need to do.
- **Request Benefit Payments**: Every week you are required to submit a request for benefit payment. Your "Account Home Page" will inform you of the time frame in which to make a timely request for benefit payment. If you don’t have a link for request payment, don’t panic. We are verifying your information. A link will be added to your account as possible.
- **View Your Account Information**: You have the ability to view any benefit determinations, payment information such as payment dates and amounts, as well as your general account information.
- **Maintain Your Account Information**: You can change your address, update your tax withholding or change your payment method.