



The Basics of Unemployment Insurance (UI) Claims Management

**Presented by
Unemployment Insurance Technical
Subcommittee**



Introduction to UI

Agenda

- What is UI?
- Who Can File?
- Establishing a UI Claim
- UI Forms
- Other Eligibility Issues to Report
- Questions and Answers



What is UI?

- Provides weekly UI payments to those who suffer loss of work through no fault of their own.
- UI benefits are financed by employers through tax contributions.



UI Law

- The Employment Development Department (EDD) administers the UI program and collects UI taxes.
- Makes decisions based on law and policy.
 - Federal law.
 - California Unemployment Insurance Code (CUIC).
 - California Code of Regulations, Title 22.
 - Case law (cases decided by the courts) .
 - Precedent Benefit (PB) Decisions issued by the California Unemployment Insurance Appeals Board (CUIAB).



Who Can File?

- **Anyone** who is working less than full time **can file** for UI benefits including:
 - Former employees.
 - Part-time employees.
 - Intermittent, substitute employees.



Employer's Responsibility

- Issue the EDD pamphlet *For Your Benefit: California's Programs for the Unemployed* (DE 2320) when an employee is:
 - Discharged.
 - Laid off.
 - Placed on a leave of absence.
- To order free pamphlets, visit www.edd.ca.gov.

Establishing a UI Claim

- Individuals must have earned sufficient wages during the Base Period of their claim to **establish** a claim.
 - There must be at least \$1,300 in one quarter of the Base Period.
– or –
 - There must be at least \$900 in one quarter and 1.25 that amount in the remaining three quarters.



Base Period (BP) Earnings

Determines the weekly benefit amount and duration of benefits.

- Weekly Benefit Amount:
 - Maximum – \$450
 - Minimum – \$40
- Duration:
 - 12 – 26 weeks
 - Extensions may exist

Eligibility

- The EDD determines a claimant's eligibility to receive benefits on a claim.
- Claimants are eligible to receive benefits:
 - If they are out of work from their **last** job through no fault of their own.
 - and –
 - They meet all other eligibility requirements such as being able and available for work, looking for work, and willing to accept suitable work.



UI Forms

Notice of Unemployment Insurance Claim Filed (DE 1101C/Z)

- Notifies **last** employer that a claim has been filed or reopened.
- Respond timely with eligibility information.

NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED (DE 1101C/Z)
FOR ILLUSTRATIVE PURPOSES ONLY



THIS NOTICE WAS MAILED TO THE EMPLOYER(S) ADDRESS LISTED BELOW ON:

ABC COMPANY
5234 MAIN STREET
ANY TOWN, CA 12345

New Claim
Additional Claim
EDD Telephone Number: 1-800-555-5511
TTY (Hearing): 1-800-415-2580

IMPORTANT: NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

This is a notice that a claim for unemployment insurance benefits has been filed. Forward it immediately to persons within your organization who are responsible for handling claims. The time limit for replies is 14 days from the date shown below. Failure to respond may result in an UNDESIRABLE EMPLOYMENT TAG.

The element provided us with the following information and about you as his/her last employer:

| | | | | | |
|-----------------------|---------------------------------------|------------------------|-------------|-------------------------|----------|
| Claimant's Name | JOE DOE | Social Security Number | 000-00-0000 | Effective Date of Claim | 02-28-09 |
| Reason for Separation | I was fired for breaking company rule | | | Last Date Hired | 02-10-09 |

I. EXPLANATION AND INSTRUCTIONS FOR EMPLOYERS

You have received this form because the individual shown above has filed a claim for unemployment insurance benefits and has listed you as his/her most recent employer prior to filing this claim. No reply is required if the claimant was laid off due to lack of work and no other eligibility issue has been identified. For detailed information on employer responsibilities in the unemployment insurance program, see DE 44, California Unemployment Insurance Handbook, available upon request.

II. REPORTING FACTS - Respond in writing by completing Sections A, B, C on the reverse of this form.

This form requires an employer to answer any items in Section A through C which may affect a claimant's eligibility for benefits. Furnish information if this claimant:

| | |
|--|---|
| • Voluntarily quit | • Is not legally entitled to work in the U.S. |
| • Was discharged or laid off for reasons other than lack of work. | • Has had services as a spouse or family participant and has reasonable capabilities of performing such services in the near future. |
| • Left work because of a work dispute. | • Has been charged with or received criminal information in the 180 days before the claimant's date of filing this claim. |
| • Is receiving a pension benefit on his/her prior work. | • If you are a subcontractor, also furnish information if the claimant has a contract for or reasonable assurance of reworking to work. |
| • Is working in a full-time basis, or has earnings payable over \$20.00, covering any time on or after the effective date of this claim as shown on the reverse side of this form. | • If you are a subcontractor, also furnish information if the claimant has a contract for or reasonable assurance of reworking to work. |
| • Is not able to work, available for, or seeking work. | • If you are a subcontractor, also furnish information if the claimant has a contract for or reasonable assurance of reworking to work. |
| • Has refused employment. | |

A Department representative may contact you for further eligibility information. If a representative is unable to reach you, his/her only duty is to message for you to return the telephone call. If after 48 hours no response has been received, the Department is required to make an eligibility decision based on available information.

III. TIME LIMITS FOR REPLYING

Submit facts in writing to the field office shown at the top of this form within 14 days of the mail date shown above. If your mailing is late, explain your reasons for delay on the first line of the space provided for your comment. You may reply on this form in the space provided in Section IV, on additional sheets as needed, or by separate letter. Always include your State Unemployment Account Number and include the claimant's Social Security Number as it appears on the claim and in your payroll records.

If you submit facts in a timely manner, a determination will be issued concerning the claimant's eligibility. In addition, if facts are submitted regarding a quit or discharge, a ruling will be issued regarding an employee who is reverse awarded as to whether his/her account will be subject to charges resulting from benefits paid. To obtain a ruling on any quit or discharge involving this claimant, you must furnish facts within 14 days of the mailing date shown above.

ADDITIONAL INFORMATION ON EMPLOYER RESPONSIBILITIES IS SHOWN ON THE REVERSE.
Mail your response to the EDD office shown in the above-captioned left-hand corner.

DE 1101C(Z) (Rev. 3/08) EMPLOYER NOTICE

CJ



Notice of Unemployment Insurance Claim Filed (DE 1101C/Z)

- Mailed to designated address of record:
 - School district
 - Claims administrator
- Report any potential issues of eligibility:
 - Quit/Discharge
 - Reasonable Assurance
 - Declined work or not available
 - Working/earning wages

Only 10 days to respond!

Notice of Wages Used for UI Claim (DE 1545)

- Notifies BP employer of wages used for UI claim and liability.
- Issued when first UI payment made.
 - Verify employment.
 - Verify wages.
 - Report eligibility issues.
 - 15 days to respond.

FOR ILLUSTRATIVE PURPOSES ONLY

EDD OFFICE NAME
P.O. BOX
CITY CA ZIP CODE



DE 1545R
NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM

*RESPONSE MUST BE POSTMARKED BY
03/28/14

HAPPY SCHOOL DISTRICT
5432 SKILEY LANE
CHERTVILLE CA 90000

YOUR ACCOUNT NO. 942-XXXX BR. NO. 00
PREDECESSOR ACCOUNT NO.

CLAIM DATE
02/19/2014

*IF WAGES ARE CORRECT AND YOU DO NOT WISH TO SUBMIT ELIGIBILITY INFORMATION,
NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED:

| CLAIMANT'S NAME | WAGES REPORTED UNDER | SOCIAL SECURITY NUMBER | OTHER SOCIAL SECURITY NUMBER |
|-----------------|----------------------|------------------------|------------------------------|
| IM CLAIMANT | IM CLAIMANT | XXX-XX-XXXX | |

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM

| 12-31-12 | 03-31-13 | 06-30-13 | 09-30-13 | TOTAL WAGES REPORTED BY YOU |
|----------|-----------|------------|-----------|-----------------------------|
| \$.00 | \$ 618.80 | \$ 1652.67 | \$ 516.80 | \$ 2,788.27 |

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM: \$ 6,032.69

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR ACCOUNT IS 46.219 %

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \$145 TO A MAXIMUM BENEFIT AMOUNT OF \$ 3017

The maximum charges for each week benefits are paid will be \$ \$ 67.02.

TO SUBMIT FACTS AFFECTING THE CLAIMANT'S ELIGIBILITY, SUPPLY INFORMATION BELOW AND MAIL TO THE ADDRESS IN THE UPPER LEFT CORNER

The claimant is a sub side. She worked 2/23/14. She declined a job for 2/27/14 because she was going out of town.

The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME Inan Employer DATE 3/13/14

SIGNATURE Inan Employer PHONE NUMBER 123 444-5555

De 1545R Rev. 4 (1-03) CU / PAR52

Notice of Determination/Ruling (DE 1080)

- Notifies employers of the EDD's eligibility decision.
- Appeal within 20 days of date mailed.
- Employers lose appeal rights if the DE 1101 or the DE 1545 is not responded to timely.

| | | |
|---|-------------|--|
| EDD OFFICE NAME P.O. BOX CITY | CA ZIP CODE |  |
| NOTICE OF DETERMINATION/RULING | | |
| | | DATE MAILED 00 / 00 / 00 BENEFIT YEAR BEGAN 00 / 00 / 00 |
| CLAIMANT'S NAME CLAIMANT'S ADDRESS CITY CA ZIP CODE | | EDD TELEPHONE NUMBERS: ENGLISH 1-800-300-5616 SPANISH 1-800-326-8937 CANTONESE 1-800-547-3506 MANDARIN 1-888-303-0706 VIETNAMESE 1-800-547-2558 TTY 1-800-815-8987 |
| | | SSA NUMBER 000-00-0000 |
| <p>YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1256 BEGINNING 00 / 00 / 00 AND CONTINUING UNTIL YOU RETURN TO WORK AFTER THE DISQUALIFYING ACT AND EARN \$0.00 OR MORE IN BONA FIDE EMPLOYMENT, AND YOU CONTACT THE ABOVE OFFICE TO REOPEN YOUR CLAIM.</p> <p>YOU QUIT YOUR LAST JOB WITH (EMPLOYER NAME). YOU HAVE NOT SHOWN THAT THE QUIT WAS NECESSARY OR THAT YOU HAD EXPLORED ALL REASONABLE OPTIONS BEFORE QUITTING. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1256 PROVIDES - AN INDIVIDUAL IS DISQUALIFIED IF THE DEPARTMENT FINDS HE VOLUNTARILY QUIT HIS MOST RECENT WORK WITHOUT GOOD CAUSE OR WAS DISCHARGED FOR MISCONDUCT FROM HIS MOST RECENT WORK. SECTION 1260A PROVIDES - AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1256 IS DISQUALIFIED UNTIL HE/SHE, SUBSEQUENT TO THE DISQUALIFYING ACT, PERFORMS SERVICES IN BONA FIDE EMPLOYMENT FOR WHICH HE/SHE RECEIVES REMUNERATION EQUAL TO OR IN EXCESS OF FIVE TIMES HIS OR HER WEEKLY BENEFIT AMOUNT.</p> <p>APPEAL: YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION. TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:</p> <p>A. COMPLETE THE ENCLOSED APPEAL FORM (DE 1000M) OR WRITE A LETTER STATING THAT YOU WANT TO APPEAL THIS DECISION. IF YOU WRITE A LETTER TO APPEAL, EXPLAIN THE REASON WHY YOU DO NOT AGREE WITH THE DEPARTMENT'S DECISION. WRITE YOUR SOCIAL SECURITY NUMBER ON EACH DOCUMENT YOU SUBMIT TO THE DEPARTMENT. (TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR), SECTION 5008).</p> <p>B. MAIL THE DE 1000M OR YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ON THE FIRST PAGE OF THIS DECISION.</p> <p>C. FILE YOUR APPEAL WITHIN TWENTY (20) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 00 / 00 / 00.</p> <p>YOUR HANDBOOK, "A GUIDE TO BENEFITS AND EMPLOYMENT SERVICES," GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE OFFICE LISTED ON THE FIRST PAGE OF THIS NOTICE.</p> | | |
| DE1080CZ Rev. 1 (06-05) (INTERNET) | Page 1 of 2 | CU |

Response to Employer Communication (DE 4614)

- Sent when DE 1080 is not issued but employer provided information.
- The DE 4614 is appealable.

|  RESPONSE TO EMPLOYER COMMUNICATION | | | |
|--|-------------------------|---|-------------------------------------|
| Claimant's Name | | Social Security Number | |
| Date Mailed | Date Benefit Year Began | Separation Date | Postmark Date of Your Communication |
| See reverse side for timeliness of information, appeal rights and other information | | Field Office Address and Telephone Number | FO No. |
| Employer Name if Agent is Addressee | | Department Representative | |
| <p>Thank you for your communication regarding the unemployment insurance claim of the above-named individual. Your information has been considered in deciding whether the claimant is or is not eligible for benefits. However, a Notice of Determination and/or Ruling will not be issued for the reason(s) checked below.</p> | | | |
| <p>1. <input type="checkbox"/> A Notice of Determination and/or Ruling is issued to an employer only when the employer submits timely information which shows that: (1) the claimant quit his/her job; (2) the claimant was discharged for reasons other than lack of work; or (3) another eligibility issue is involved. Your information did not relate to these circumstances.</p> | | | |
| <p>2. <input type="checkbox"/> The claimant was terminated due to inability, inexperience and/or unsatisfactory work performance. Termination for these reasons will not affect the claimant's eligibility.</p> | | | |
| <p>3. <input type="checkbox"/> You previously received a ruling and/or determination on the termination of _____, mailed to you on _____ (Date of separation)</p> | | | |
| <p>4. <input type="checkbox"/> You are not entitled to a ruling and/or determination because you did not respond within the statutory time limits after the first notice, DE _____, was mailed to you on _____.</p> | | | |
| <p>5. <input type="checkbox"/> This decision can be reconsidered and the time limit may be extended if an explanation of good cause for delay is submitted to the field office within 15 days of the mailing date of this notice.</p> | | | |
| <p>6. <input type="checkbox"/> The reasons you submitted are not considered good cause for delay because: _____</p> | | | |
| <p>7. <input type="checkbox"/> No determination of eligibility is necessary because the claimant did not claim waiting period credit or benefits for any period during the course of the trade dispute.</p> | | | |
| <p>8. <input type="checkbox"/> The claimant designated you as the last employer in error. You are also not a base period employer. A Notice of Determination and/or Ruling is issued only to a last or base period employer.</p> | | | |
| <p>9. <input type="checkbox"/> The wages you reported have been allocated to week(s) before the claim was filed; therefore, the wages do not affect the claimant's eligibility.</p> | | | |
| <p>10. <input type="checkbox"/> The wages you reported have been allocated to week(s) following the filing of the claim. The claimant is not eligible for waiting period credit or benefits for any week in which the amount of deductible wages equals or exceeds the claimant's weekly benefit amount. See DEDUCTION OF WAGES INFORMATION on reverse side for further clarification.</p> | | | |
| <p>11. <input type="checkbox"/> The _____ pay you reported is not considered wages for unemployment insurance purposes and is not disqualifying.</p> | | | |



Other EDD Forms

Statement of Benefit Charges (DE 428F)

- Notifies employer of benefits paid to employees.
- Verify claimants are current or former employees.
- Protest any errors.

EDO DE 428F
PO BOX 828850, MIC 19
SACRAMENTO, CA 94280-0001 / (916) 653-6846

EDD Employment
Development
Department
State of California

ARC SCHOOL DISTRICT
123 ALPHABET LANE
ANYWHERE CA 99999

Letter ID:
Issued Date: April 20, 2012
Account ID:

SCHOOL EMPLOYEE'S FUND EMPLOYER
STATEMENT OF BENEFIT CHARGES

BENEFIT CHARGES FROM
January 1, 2012 THRU March 31, 2012

TOTAL CHARGE
(PLEASE DO NOT PAY)
\$1,477.75

YOUR ACCOUNT NUMBER:

| CLAIMANT SSN | CLAIMANT NAME | CLM DATE | CLM TYPE | CHG QTR | EMPLR CHRG | CHG CODE | PGM CODE |
|-----------------|---------------|-----------|----------|------------|------------|----------|----------|
| XXX-XX-XXXX 1 3 | CLAIMANT | 02/2/2010 | A | 03/31/2012 | 1,477.75 | 6 | 01 |

DE 428F Rev. 3 (3-11) PO BOX 828850, MIC 19, SACRAMENTO, CA 94280-0001 www.edd.ca.gov



Other Eligibility Issues to Report



Job Refusals

- Claimants must accept suitable work or show good cause for refusal.
- Employers should:
 - Report all refusals of work.
 - Document the date of job offered.
 - Document the date of assignment.
 - Document the reason given for refusal.

Availability

- Claimants must be able and available for suitable work.
- This issue is often raised in connection with a separation or a job refusal.
- Employers should:
 - Report any restrictions.
 - Report any dates unable to work.



Wages

- Wages earned are deducted from UI benefits.
- Employers should:
 - Report all dates worked since effective date of claim.
 - Report wages when **earned**, not paid.
 - Wages must be reported on a weekly basis.

Questions and Answers





The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.