

MAINE BUC

ReEmployME SYSTEM TRAINING

CLAIMANT SELF-SERVICE

TRAINING & SUPPORT UNIT (TSU)



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Section 1: Claimant sign-up

Scenario 1: Create New Account

Step 1: Navigate to www.maine.gov/reemployme → Select *Create ReEmployME Account*

The screenshot displays the REEMPLOY ME self-service portal. At the top, it says "Welcome to the Maine Department of Labor's Bureau of Unemployment Insurance self-service portal". The main content area is divided into three columns. The first column, titled "New user?", contains a blue button labeled "Create an online account" with a blue arrow pointing to it. Below this button are fields for "User ID" and "Password (Case Sensitive)", a "Login" button, and links for "Forgot user ID?" and "Forgot Password?". The second column, titled "Verify your ID quickly and easily", contains buttons for "Verify Identity", "Work Search Online Interview", "Switch to Employer Portal", and "Contact Us". The third column, titled "Chat with Blue, your unemployment virtual assistant.", contains a "Chat with Blue" button. The footer includes navigation links for Policies, Find it by Topic, Find it by Audience, Find it by Agency, and Services, along with the REEMPLOY ME logo and a small Blue character icon.

Step 2: Enter required fields → Select “I am not a robot” → Select *Next*

USR-003


New User Sign Up

* Required Information

Items with a red asterisk are required.

1. * SSN - -
2. * Confirm SSN - -
3. * First Name
4. Middle Initial
5. * Last Name
6. * Date of Birth MM / DD / YYYY

I'm not a robot


reCAPTCHA
Privacy - Terms

Step 3: A box may appear with images and instructions → Follow the directions → Select *Verify*

REEMPLOY ME
Unemployment System Alliance Partner

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation

Welcome USR-003

In this case, instructions are to “Select all squares with street signs.” For each attempt to log in, instructions will vary.

Select all squares with **street signs**

1. * SS
2. * Co
3. * Fir
4. Mic
5. * Las
6. * Da

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[Unemployment Appeals](#)
[Unemployment Benefits](#)
[Unemployment Rate](#)
[Unemployment Tax](#)
[Work Permits](#)

Services:
REEMPLOY ME
Unemployment System Alliance Partner
CareerCenter
A proud partner of the [eRecruiter](#) network
SafetyWorks!
MAINE DEPARTMENT OF LABOR

Freedom of Access Contact:
Laura Hudson
(207) 623-7900
54 State House Station
Augusta ME 04333



The Department of Labor is an equal opportunity provider. Auxiliary aids and services are available to individuals with disabilities upon request.

Step 3a: A green checkmark appears if choices are correct (if incorrect, additional pictures will appear; continue selecting until a green checkmark appears) → Select *Next*

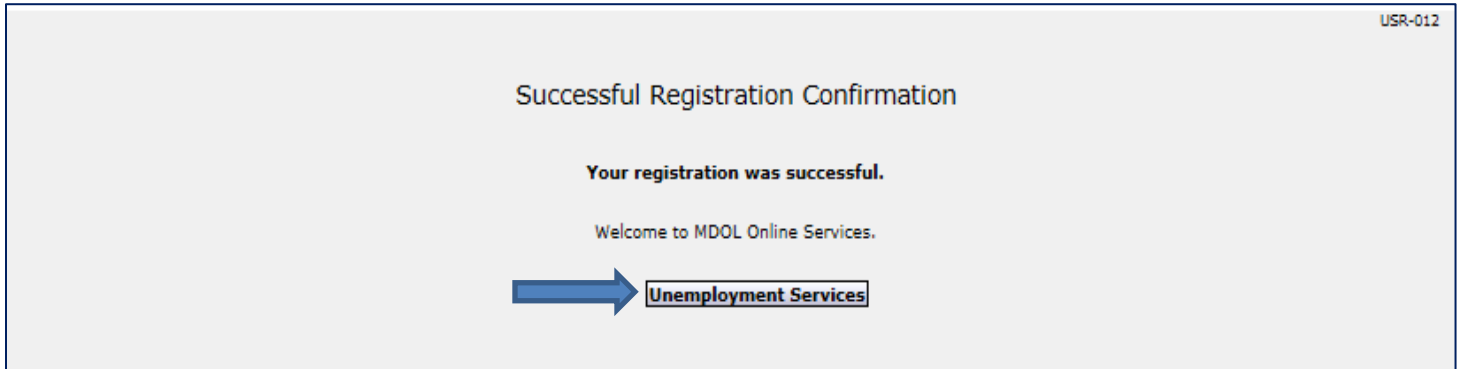
USR-003

New User Sign Up
* Required Information

1. * SSN - -
2. * Confirm SSN - -
3. * First Name
4. Middle Initial
5. * Last Name
6. * Date of Birth / /

 I'm not a robot 
reCAPTCHA
Privacy • Terms

Step 5: “Successful Registration Confirmation” screen displays → Select *Unemployment Services*



1. Claimants will receive an email at the email address provided. This email will come from enotification@maine.gov. The subject line will be: “ME DOL Accounts: E-mail Verification.”
 - a. Please allow 15 minutes for this message to arrive in the Inbox. If the email is not received, have the claimant check their spam or junk folder.
2. Claimants need to open, read, and keep record of the verification code sent to their email address. Claimants will need this code to activate / verify the email address within the ReEmployME system. This allows the Maine Bureau of Unemployment Compensation to send them information regarding claims.
3. Return to www.maine.gov/reemploye to log in using the new User ID and password.

Step 6: Navigate to the ReEmployME home page → Enter your User ID and Password → Select *Login*

The screenshot shows the ReEmployME home page with the following sections:

- New user?**: Includes a "Create an online account" button, an "OR" separator, and a login form with fields for "User ID" and "Password (Case Sensitive)", a "Login" button, and links for "Forgot user ID?" and "Forgot Password?". A blue arrow points to the "User ID" field.
- Verify your ID quickly and easily**: Includes a "Verify Identity" button.
- Respond to Work Search Interview notification**: Includes a "Work Search Online Interview" button.
- Are you an Employer?**: Includes a "Switch to Employer Portal" button.
- Need to contact the Maine Department of Labor?**: Includes a "Contact Us" button.
- Chat with Blue**: A section featuring a cartoon character named Blue and a "Chat with Blue" button.

The footer contains navigation links for Policies, Find it by Topic, Find it by Audience, Find it by Agency, and Services, along with the ReEmployME logo and a "Contact Us" button.

Step 7: Enter new "User ID" and "Password" → Select "I'm not a robot" → Select *Submit*

The screenshot shows the "Unemployment Services Login" page with the following elements:

- Fields for "* User ID" and "* Password (Case sensitive)", a "Submit" button, and links for "Forgot User ID" and "Forgot Password". A blue arrow points to the "User ID" field, and another points to the "Submit" button.
- A reCAPTCHA verification box with an "I'm not a robot" checkbox and a "reCAPTCHA" logo. A blue arrow points to the checkbox.

A blue speech bubble contains the text: "Depending on how frequently you access your ReEmployME account, you may have to complete this reCAPTCHA verification. If it does not display, continue logging in by selecting *Submit*."

Step 8: The “Email Verification” screen appears with claimant’s email address displayed → Claimant has 3 options to choose from:

EMAIL-002

Email Verification

A verified email address is now required to access your online unemployment benefits account.

Email Address *Claimant Email Address*

If you already have the verification code for this email address, click [here](#) to verify your email address.

If you need another verification code for the above email address, click [here](#). An email will be sent to you with a new verification code.

If you want to change your email address, enter the new address below and click Next. A new verification code will be sent to that address.

Enter Email Address

Confirm Email Address

[Next>](#)

Option 1

The claimant already has their verification code sent to their email address on file, delivered from enotification@maine.gov

Step 8a: Select appropriate hyperlink

EMAIL-002

Email Verification

A verified email address is now required to access your online unemployment benefits account.

Email Address *Claimant Email Address*

If you already have the verification code for this email address, click [here](#) to verify your email address.

If you need another verification code for the above email address, click [here](#). An email will be sent to you with a new verification code.

If you want to change your email address, enter the new address below and click Next. A new verification code will be sent to that address.

Enter Email Address

Confirm Email Address

[Next>](#)

Step 8b: The “Email Verification” screen redisplay → Enter the ‘Verification Code’ → Select *Next*

EMAIL-001

Email Verification
* Required Information

Please enter the verification code from the email.

Verification Code

Didn't get the Code?
Make sure that:
- Your Email address is correct.
- Check your Email account junk/spam folder for email from enotification@maine.gov
- Add enotification@maine.gov as a trusted contact in your email account's contact list

Cancel

Next>

Step 8c: The “Email Verification” confirmation screen displays → Select *Home* to continue with logging in

EMAIL-004

Email Verification

Your email address has been verified. You may sign up to receive correspondence via email if not already done. You may also reset your password should you forget it, or need to change it, via our automated system. Please make sure you check your email regularly.

Home

Option 2

Claimant needs another verification code for the email address on file

Step 8a: Select appropriate hyperlink


EMAIL-002

Email Verification

A verified email address is now required to access your online unemployment benefits account.

Email Address *Claimant Email Address*

If you already have the verification code for this email address, click [here](#) to verify your email address.

 If you need another verification code for the above email address, click [here](#). An email will be sent to you with a new verification code.

If you want to change your email address, enter the new address below and click Next. A new verification code will be sent to that address.



Enter Email Address

Confirm Email Address


[Next>](#)


A new verification code is sent to the claimant's email

MDOL E-MAIL VERIFICATION

 ReEmployME Test ENotification <testENotify@maine.gov>
To:  Claimant Email Address

Reply Reply All Forward ...
Fri 5/14/2021 4:27 PM

 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



Thank you for activating your account on ReEmployME. Once you have verified your e-mail address you can receive important notifications and reset your password via e-mail.

To complete the process, please verify that this e-mail address belongs to you.

Log in to www.maine.gov/reemployme, and then log under the **Benefit Maintenance** tab, click "**Update Claimant Profile**" and select "**Verify E-mail.**"

Enter your unique verification code: **849678839**

If you did not register this e-mail address with MDOL, this e-mail address will not be used to contact you about your claims.

This is an unattended mail box; do not reply to this e-mail.

Step 8b: The “Email Verification” screen redisplay → Enter the ‘Verification Code’ → Select *Next*

EMAIL-001

Email Verification
* Required Information

Please enter the verification code from the email.

Verification Code

Didn't get the Code?
Make sure that:

- Your Email address is correct.
- Check your Email account junk/spam folder for email from enotification@maine.gov
- Add enotification@maine.gov as a trusted contact in your email account's contact list

Cancel Next>

Step 8c: The “Email Verification” confirmation screen displays → Select *Home* to continue with logging in

EMAIL-004

Email Verification

Your email address has been verified. You may sign up to receive correspondence via email if not already done. You may also reset your password should you forget it, or need to change it, via our automated system. Please make sure you check your email regularly.

Home

Option 3:

Claimant has new email address to confirm

Step 8a: Enter and confirm new email address → Select Next

EMAIL-002

Email Verification

A verified email address is now required to access your online unemployment benefits account.

Email Address *Claimant Email Address*

If you already have the verification code for this email address, click [here](#) to verify your email address.

If you need another verification code for the above email address, click [here](#). An email will be sent to you with a new verification code.

If you want to change your email address, enter the new address below and click Next. A new verification code will be sent to that address.

Enter Email Address

Confirm Email Address

[Next>](#)

A verification code is sent to claimant's new email address

MDOL E-MAIL VERIFICATION

RT ReEmployME Test ENotification <testENotify@maine.gov>
To: Claimant Email Address

Fri 5/14/2021 4:12 PM

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Thank you for activating your account on ReEmployME. Once you have verified your e-mail address you can receive important notifications and reset your password via e-mail.

To complete the process, please verify that this e-mail address belongs to you.

Log in to www.maine.gov/reemployme, and then under the **Benefit Maintenance** tab, click "**Update Claimant Profile**" and select "**Verify E-mail.**"

Enter your unique verification code: **675150885**

If you did not register this e-mail address with MDOL, this e-mail address will not be used to contact you about your claims.

This is an unattended mail box; do not reply to this e-mail.

Step 8b: The “Email Verification” screen redisplay → Enter the ‘Verification Code’ → Select *Next*

EMAIL-001

Email Verification
* Required Information

Please enter the verification code from the email.

Verification Code

Didn't get the Code?
Make sure that:

- Your Email address is correct.
- Check your Email account junk/spam folder for email from enotification@maine.gov
- Add enotification@maine.gov as a trusted contact in your email account's contact list

Cancel

Next>

Step 8c: The “Email Verification” confirmation screen displays → Select *Home* to continue logging in

EMAIL-004

Email Verification

Your email address has been verified. You may sign up to receive correspondence via email if not already done. You may also reset your password should you forget it, or need to change it, via our automated system. Please make sure you check your email regularly.

Home

Scenario 2: Set up PIN

Some claimants who did not have easy access to computers used to be able to file weekly claims via their cell phone. This required them to create a PIN to gain access to their account via the IVR phone system.

This section explains how a claimant can create a PIN for their account enabling them to file weekly claims via their phone; however, claimants should be encouraged to file weekly claims online or contact a Call Center due to continuing issues with the IVR system.

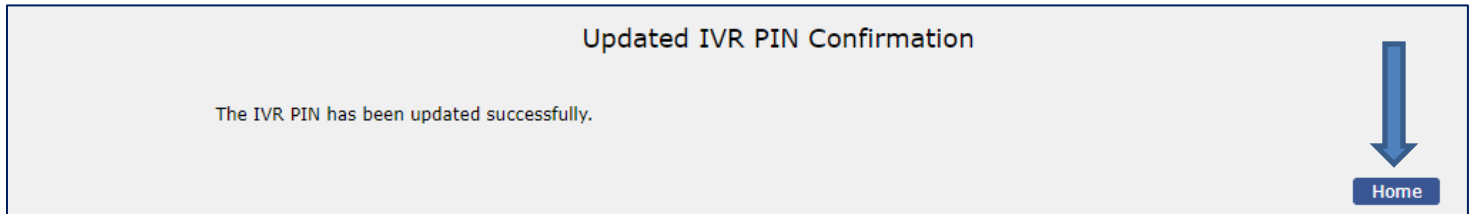
Step 1: On ReEmployME home page, select *Benefit Maintenance* → Select *Update Claimant Profile* → Select *Set / Reset PIN*

The screenshot shows the ReEmployME home page. At the top, there is a navigation bar with several menu items: Unemployment Claim, Weekly Claim, Update Address, Benefit Maintenance, Inquiry, Correspondences, File Appeal, and ReEmployment Services. Below this, there are more options: View & Print 1099, Provide PUA Proof of Earnings, Upload, Update Claimant Profile, Contact Details, Employment, and MEUC Application. A red box highlights the 'Benefit Maintenance' menu item, and a blue arrow points to the 'Set up PIN' option in the dropdown menu. Below the navigation bar, there is a 'Quick Links' section with options like Weekly Pay Status, Apply for Unemployment, File a Weekly Claim, Update Payment, and Information (Debit Card/Direct Deposit). There is also a 'News & Announcements' section with a red text announcement about part-time work options starting May 28, 2022.

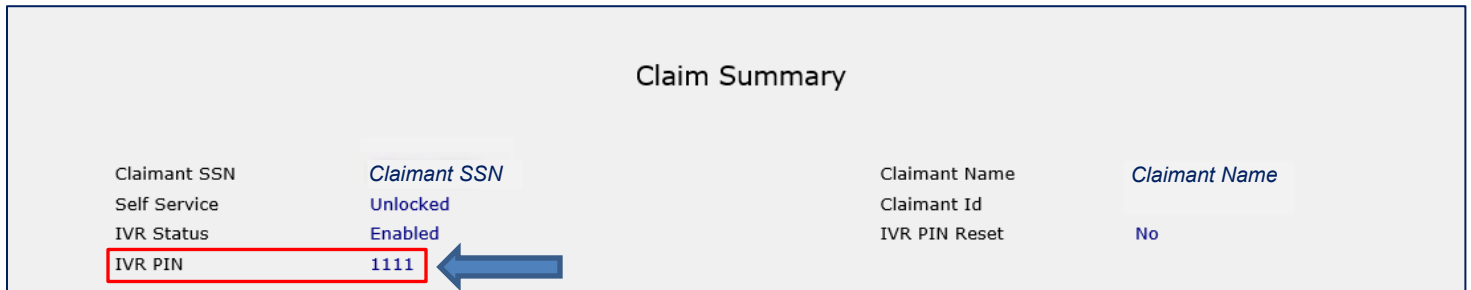
Step 2: Enter and confirm the 4 digit Pin → Select *Submit*

The screenshot shows the 'Update IVR PIN' form. The title is 'Update IVR PIN' with a subtitle '* Required Information'. There are two input fields: '1. * PIN Number' and '2. * Confirm PIN Number'. A blue arrow points to the first input field. At the bottom right, there are two buttons: '<Back' and 'Submit'. A blue arrow points to the 'Submit' button.

Step 3: The “Updated IVR PIN Confirmation” screen displays → Select *Home*



Step 4: The PIN can be confirmed on “Claim Summary” screen



Section 2: Filing an Initial Claim

Step 1: From the ReEmployME home page, select *Unemployment Claim* → Select *File Unemployment Claim*

Unemployment Claim ▾ Weekly Claim ▾ Update Address Benefit Maintenance ▾ Inquiry ▾ Correspondences ▾ File Appeal ▾ ReEmployment Services ▾

File Unemployment Claim
File DWB Claim

Provide PUA Proof of Earnings Upload Document for Work Search Audit Provide PUA Proof of Employment MEUC Application ▾

D.me PUA Identity Documents ▾ Online Interview ▾

You last logged in at 06/08/2022 09:03:20 AM

Quick Links

- ▶ Weekly Pay Status
- ▶ Apply for Unemployment

Claim Information Weekly Claim Status

▶ You do not have an active claim.

News & Announcements

- ▶ Beginning with the week ending May 28, 2022, part-time work will no longer be an option to use as a work search

Step 2: Review information needed to complete the initial claim → Select *Next*

CIN-044

Claim Filing Notification

Welcome to the Maine Department of Labor, BUREAU OF UNEMPLOYMENT COMPENSATION INTERNET CLAIMS FILING SYSTEM.

This system permits individuals to file new and additional Maine claims and to reopen Maine claims for unemployment insurance.

You can file a Maine Internet claim if:

- You have worked in the state of Maine or served in the military within the past 18 months.
- You have not filed a claim for unemployment benefits against another state in the past 12 months.

You will need the following information to complete your claim:

1. Your Social Security Number;
2. Alien Registration Number, if applicable;
3. The business name, address and telephone number of each place you worked at during the past 18 months;
4. The jobs you held and the dates you worked for each employer within the past 18-month period.

If you wish to obtain more information about Maine's Unemployment Insurance Program and eligibility requirements before you initiate a claim for benefits, visit web site www.Maine.gov. The website for UI is www.maine.gov/reemployme

To initiate an electronic application for benefits, please press the "NEXT" button.

<Back Next>

Step 3: Enter data for all required questions, which are marked with red asterisk (*) → Select Next

CIN-002

Personal Information
* Required Information

1. SSN *Claimant SSN*

2. * First Name

3. Middle Initial

4. * Last Name

5. Other last name worked under since 04/01/2021

6. * Date of Birth / /

7. * Gender Male Female

8. * Race ?

9. * Ethnicity Other/Prefer not to answer
 Not Hispanic / Latino
 Hispanic / Latino

10. * Are you a U.S. citizen? Yes No

If No, provide following information

a. Alien Document Type

b. Alien Number

c. Expiration Date / /

11. Do you have a disability? Yes No ?

a. If Yes, select type of disability

12. * Are you a military veteran, transitional veteran or spouse of a military veteran? Yes No ?


13. * Select the highest grade completed in school

14. * Do you have a language preference? Yes No

a. If Yes, select the language

15. * If you are the primary support of dependent children, do you wish to file for a dependency allowance? Yes No

a. If yes, Do you have dependent details? Yes No



Step 4: Enter all required fields → Select Next

CIN-003

Contact Details

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

1. * Mailing Address
Address Line 1
Address Line 2
City
State/Province
ZIP Code
Country
2. * Residential Address
3. * If Different, provide details below
Address Line 1
Address Line 2
City
State/Province
ZIP Code
Country
4. If Maine resident, select town
5. Telephone Number(s)
 - a. Primary Number
 - b. Cell Phone Number
6. * Would you like to sign-up to receive notification via text message regarding your reemployment assistance? *
**Message and Data rates may apply.*
7. * How may we contact you?
 - a. Email Acknowledgment
8. * Email Address
9. * Confirm Email Address

If the residential address is the same as the mailing address, select "Same as Mailing Address" and Question 3 will prefill automatically.

Answer this question using options from drop-down menu

Select the "Finish Later" button to save the last completed page

↓

Step 5: Verify contact details → Select *Next*

CIN-999

Verify Contact Details

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Verify the mailing address you have created. To modify the address, select **Back**.

Claimant Mailing Address:

Address Line 1
Address Line 2
City HAMPDEN
State Maine
ZIP Code 04444
Country United States

<Back Next>

If the information displayed is incorrect, select *Back* to return to previous screen and correct any errors.

Step 6: Enter first names, last names, and date of birth **exactly** as they appear on Social Security card → Select *Next*

CIN-046

Security Confirmation

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

The Maine Department of Labor will validate identity information you provide with other state and federal agencies. Please enter your first name and last name as it appears on your Social Security Card and review the information to insure that it is correct before clicking "next".

1. SSN
(If your Social Security Number is incorrect, you must contact the MDOL Call Center at 1-800-593-7660. A Customer Service Representative is available to assist you Monday through Friday from 8:00 AM to 3:00 PM.)

2. * First Name on SSN Card
3. * Last Name on SSN Card
4. * Date of Birth

Cancel Finish Later

<Back Next>

A mismatch in the SSN details may result in a delay of benefits

Step 7: Complete the “File Claim” screen → Select Next

CIN-051

File Claim

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

1. * From which location are you filing your claim? -Select-
2. * Were you employed with the Federal government performing Federal civilian service after April 1, 2021? Yes No
 - a. If Yes, where did you work? -Select-
3. * Were you discharged from the U.S. Military after April 1, 2021? Yes No
4. * Have you worked for any employer since April 1, 2021? Yes No
5. Select all the states where you worked after April 1, 2021 excluding Federal (Outside of USA) or Military employment. ?

<input type="checkbox"/> Alabama	<input type="checkbox"/> Guam	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Alaska	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
<input type="checkbox"/> Arizona	<input type="checkbox"/> Idaho	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Illinois	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
<input type="checkbox"/> California	<input type="checkbox"/> Indiana	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Iowa	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington
<input type="checkbox"/> Delaware	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> West Virginia
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota	
6. * Do you have a definite date to return to work with your most recent employer? Yes No
 - a. If Yes, indicate the date you expect to return to work
(Only answer YES if you have a definite recall date from your employer. If you do not, or your employer does not confirm your recall date, you are required to conduct a work search for each week filed. Failure to do so may result in a denial and overpayment of benefits. You may only be granted a waiver of work search of 6 weeks per benefit year.) MM / DD / YYYY
7. * Have you applied for Unemployment Insurance benefits in any state other than Maine in the last 12 months? Yes No
8. * Are you currently receiving or have you received Short Term Disability since April 1, 2021 ? Yes No
9. * Are you currently receiving or have you received Workers Comp. since April 1, 2021 ? Yes No

Cancel Finish Later

<Back Next>

Select all states where you worked during last 18 months.



Some claims may require assistance from a representative at the Maine Bureau of Unemployment Compensation. If necessary, you will be directed to call the toll-free number to speak to a representative. If you have worked only in another state and not in Maine, you should contact the Unemployment Insurance office in that state.

Step 8: Information about the claimant's employment during previous 18 months is required → Select *Next*

Employment History CIN-071

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

The following screens will ask you to provide details of your employment history during the past 18 months.

Cancel Finish Later <Back Next>

Step 9: Enter the “Job Title” that reflects skills, job history, and interests → Select *Search*

Primary Job Title/Description Search
* Required Information CIN-071

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Enter a Job Title which reflects your skills, job history and interest. This will help our system classify the types of jobs that may meet your qualifications and interest.

1. * Job Title

This information will be used to help identify open jobs that meet your qualifications.

Cancel Finish Later <Back Next>

Step 10: Multiple job titles display related to job titles entered in previous step → Select the “Job Description” that most closely matches your skills, job history, and/or interests → Select Next

Primary Job Title/Description Search
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Enter a Job Title which reflects your skills, job history and interest. This will help our system classify the types of jobs that may meet your qualifications and interest.

1. * Job Title ?

*Select	Job Title	Job Description
<input type="radio"/>	Cooks, Institution and Cafeteria	Prepare and cook large quantities of food for institutions, such as schools, hospitals, or cafeterias.
<input type="radio"/>	Cooks, Fast Food	Prepare and cook food in a fast food restaurant with a limited menu. Duties of these cooks are limited to preparation of a few basic items and normally involve operating large-volume single-purpose cooking equipment.
<input type="radio"/>	Cooks, Restaurant	Prepare, season, and cook dishes such as soups, meats, vegetables, or desserts in restaurants. May order supplies, keep records and accounts, price items on menu, or plan menu.
<input type="radio"/>	Cooks, All Other	All cooks not listed separately.
<input type="radio"/>	Cooks, Short Order	Prepare and cook to order a variety of foods that require only a short preparation time. May take orders from customers and serve patrons at counters or tables.
<input type="radio"/>	Chefs and Head Cooks	Direct and may participate in the preparation, seasoning, and cooking of salads, soups, fish, meats, vegetables, desserts, or other foods. May plan and price menu items, order supplies, and keep records and accounts.

Step 11: Enter the number of years and months of work experience for each job listed → When all job skills have been identified, select “No” to question 1 → Select Next

Job Title Summary
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Job Title Summary

Job Description	Work Experience ?		Last Job Skill ?	
Cooks, Fast Food	<input type="text"/> Year(s)	<input type="text"/> Month(s)	<input checked="" type="radio"/>	Delete

1. * Do you want to add another skill, job history or interest?
(You can add up to five (5) skills, job history or interest.) Yes No

Add up to five additional job skills, if applicable.

Step 12: On the “Employment Details” screen, ReEmployME will display the name of the employer you worked for during the last 18 months → Enter Employment Details → Select Next

CIN-072

Employment Details

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Name</i>
Employer Name	<i>Employer Name</i>		More Information

1. * Did you work for this employer? Yes No

If Yes, provide the following information

- a. Employment Start Date MM / DD / YYYY
- b. Employment End Date MM / DD / YYYY
- c. Job Title/Description
- d. What was your rate of pay? / -Select-
- e. Reason you are no longer working with this employer -Select-
 - i. If Voluntary Quit, select reason -Select-
 - ii. If Discharged / Fired, select reason -Select-
- f. Have you applied for, or are you receiving, a pension from this employer?
(Do not include severance pay or Social Security benefits.) Yes No
- g. Employer Telephone Number - -
- h. Are you being paid by this employer during the time you are off work? Yes No
- i. Are you receiving or have you received any short-term disability benefits from this employer since April 1, 2021? Yes No
- j. During your current period of unemployment, have you received or will you receive any remuneration pay from this employer? Yes No
 - i. If Yes, select all the remuneration type that you are receiving
 Bonus Pay
 Other (severance, wages in lieu of notice, terminal pay)

If you worked for more than one employer during the previous 18 months, an “Employment Detail” screen will have to be completed for each employer.

If you did not work for the employer listed, answer “No” to question 1.

↓

Based on some of the responses on the work history screen there might be other Work Items requiring further research for qualification of benefits. A fact finding, or possible multiple fact findings, may be needed for things such as:

- Reason for no longer working for the employer
- Receiving a pension, if the claimant is being paid during their time off work, remunerations received (such as severance), holiday pay, vacation pay, wages in lieu of notice, or terminal pay and/or a bonus.
- If the claimant manually enters an employer and employment history, it will create a Work Item to have someone research the work history.

These issues may hold up payments until the Work Item(s) has been resolved.

Step 13: Select “Yes” for question 1 to enter additional employers <OR> Select “No” if there are no other employers → Select *Next*

CIN-005

Employment Summary

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Employer Name	Employment Start Date	Employment End Date	Reason You Left	Action
<i>Employer Name</i>	01/01/2018	06/24/2022	Lack of work / Laid off	Edit

1. * Have you worked for any other employer since April 1, 2021 ?
a. If Yes, select type of employer

Yes No

-Select-
Maine Employer

-Select-

[Cancel](#) [Finish Later](#) [<Back](#) [Next>](#)

Step 14: Complete the “Able and Available Details” screen → Select *Next*

CIN-004

Able and Available Details
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

1. * Are you currently self-employed? Yes No

2. * Are you a corporate officer? Yes No

3. * Are you currently working on commission basis? Yes No

4. * Are you a professional athlete? Yes No

5. * Have you refused an offer of work since your last day of employment? Yes No

6. * Are you currently attending school or training? Yes No

7. * Do you have a medical condition, disability or illness that will limit your ability to perform your normal work? Yes No

8. * Can you accept full-time work? Yes No

a. If No, select all the reasons that apply

- Child/Elder Care
- Illness of immediate Family
- Out of Area
- Transportation
- Other

9. * Are you a member of a union? Yes No

a. If Yes, do you obtain job placement through the union hall? Yes No

Note: If you obtain job placement through a union hall, weekly check-ins with your union business agent may satisfy your work search requirements for the first six weeks that you are unemployed. You must provide a copy of union card showing current membership and dues paid to date. You must record your contacts with your union hall on your work search log you received in the mail.

10. * Does your regular occupation require shift work? Yes No

a. If Yes, are you available to work in all shifts required by that occupation? Yes No

i. If No, which shifts are you unable to work?


- First Shift
- Second Shift
- Third Shift

1. If Third Shift, select the reason

a. If Other, explain
(Max 1000 Characters)

11. * How many hours per week did you normally work during last 18 months?

12. * How many hours per week are you currently able and available to work?



Adverse answers to questions on this screen may trigger work items and questionnaires. The resulting work items may require fact findings which could delay payment, or deny unemployment. See [Appendix A](#) for the different types of questionnaires.

Step 15: Select the desired option for withholding State and Federal Income Tax → Select *Next*

CIN-012

Tax Withholding and Payment Option

* Required Information

Claimant SSN Claimant Name

1. * Do you want to have 10% of your Unemployment Insurance benefit payment withheld for Federal income tax? Yes No ?
2. * Do you want to have 5% of your Unemployment Insurance benefit payment withheld for State income tax? Yes No ?

Your preferred method of payment is currently identified as **Direct Deposit**.

Important: It is your responsibility to ensure that the Account and Bank Routing information that you previously provided to the department for your **Direct Deposit** is still accurate.

If the banking information you previously provided the department has changed, or you think it may have changed since you last filed a claim, please go to the Benefit Maintenance Tab after submitting your claim, select Update Claimant Profile, and then select Payment Options after filing this claim.

If you chose to change your method of payment from **Direct Deposit** to an Electronic Payment Card (EPC Debit Card), you may do so on the Update Payment Information screen.

Step 16: Review the “Benefits Right Information” screen → Enter the last four digits of the claimant’s Social Security Number → Select *Submit*

CIN-038

Benefit Rights Information

* Required Information

You must read the Unemployment Insurance Benefit Rights Information(BRI) before your claim can be processed. To save/print this information, select [BENEFIT RIGHTS INFORMATION](#).

MAINE DEPARTMENT OF LABOR
YOUR BENEFIT RIGHTS AND RESPONSIBILITIES

1-800-593-7660
www.maine.gov/reemploye

To receive weekly benefits, you must meet the eligibility requirements. You are responsible for knowing what is required of you while you are claiming benefits. If you have any questions or doubts, it is important that you call 1-800-593-7660 and speak with an Unemployment Program Representative. Failure to satisfy your responsibilities in this program can jeopardize your ability to collect benefits. Therefore, it is important to rely only on someone who is thoroughly familiar with the current laws that govern the unemployment program.

TO BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS YOU MUST:

- * Be unemployed, either totally or partially, through no fault of your own.
- * Be able and available for work and actively seeking work unless you have an agency approved waiver.
- * Serve a one week waiting period; benefits are not payable for this waiting period.
- * Be registered with the Maine CareerCenter unless you have an agency approved waiver.

ACTIVELY SEEKING WORK. You must make an active and sustained effort to seek work each week and keep verifiable documentation

Note that your employer(s) will be notified that a claim has been filed and will be given the opportunity to provide employment and separation information.

→ * Enter the last four digits of your Social Security Number as your electronic signature to acknowledge that you have read the BRI information.

Step 17: Review the “Important Weekly Certification Filing Instructions” screen → Select *Next*

CIN-039


Important Weekly Certification Filing Instructions

File Weekly Certifications

Please read the following information to certify that you understand this unemployment insurance claim process and what is expected of the claimant. If you accept it, then press the “Next” button to receive your confirmation number; otherwise, please close your internet browser. I understand that to be eligible for unemployment benefits:

1. I must file a weekly claim as instructed.
2. I must be able and available for work and actively seeking work.
3. I must report all periods of employment of any type and report any wages earned including tips or cash value provided for such employment.
4. I must report any offer of work that I refuse or any referrals made to work by the Maine CareerCenter or Maine JobLink that I refuse.
5. I must report any dismissal wages, wages in lieu of notice, termination pay, vacation pay, holiday pay, retroactive payments, bonuses, sickness and disability benefits, worker’s compensation, retirement or pension payments excluding Social Security which are paid or payable to me for this period.
6. I certify that I am not seeking unemployment benefits under any other State or Federal unemployment insurance system for any part of this period.
7. I certify that my answers to the questions on this Internet application are true knowing that it is a criminal offense to make false statements to obtain benefits. Unemployment fraud is a Class D crime. If you are prosecuted in court and convicted, you are subject to a fine of not more than \$2000 and/or a jail term of not more than 364 days for each false statement or representation, or failure to disclose a material fact when filing your initial and weekly claims.

I have read and understand the above statements and wish to continue with the Internet unemployment claim filing process.


Next>


Step 18: The “Estimated Monetary Determination” screen displays → Select *Next*

CIN-015


Estimated Monetary Determination

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Weekly Benefit Amount	\$272
Maximum Benefit Amount	\$7072
Claim Effective Date	01/27/2019
Benefit Year End Date	01/26/2020

For information on the above table, select 

***This is an estimate only and not a guarantee of Unemployment Insurance benefits. You will be mailed a Notice of Monetary Determination as your official notification of monetary eligibility within 5 business days.**



Next>

Step 19: The “Initial Application Confirmation” screen displays → Select the hyperlinks to view additional information → Select *Home*

Initial Application Confirmation

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Address *Claimant Address*



Application submitted

The Maine Department of Labor (MDOL) has received your unemployment benefit application and we are reviewing it for eligibility. **The next steps are outlined below. If you verify your email address, this information will be sent to you via email.**

What MDOL is doing

Application review

We are reviewing your application. In the next few days, you will receive a “monetary determination” in the mail. This will let you know if you may be able to receive unemployment benefits and how much you could receive. You will also find an electronic copy in the **“Correspondence”** tab in your ReEmployME account.

We will now reach out to your former employer to get information from them about the reason you are no longer working there. If questions about your eligibility come up, you may receive a notice that a fact-finding interview has been scheduled. This interview will need to occur before we can fully determine your eligibility for unemployment benefits. Typically, this takes 10-15 business days.

[Learn About Eligibility](#)

[Track Application Status](#)

Your next steps

1. Verify your email address

Today, verify your email to confirm that your email address is entered correctly. This is important so that MDOL can contact you. You will also need your email to reset your login in the event that you forget your password.

[Verify Your Email](#)

2. Understand your work search options

You must enter your work search details when you complete your weekly claim. Want to know “What counts as work search activities” or “Who has to complete weekly work search?” Check out the work search FAQ.

[Work Search FAQ](#)

A Maine JobLink account has been created for you automatically and you should have received an email with your user ID and temporary password. You should login to Maine [JobLink](#) to activate your account. If you need help logging in, call 1-888-457-8883.

[Go to JobLink](#)

3. Submit a weekly claim

You need to file a claim every week to receive payment. You can submit your first weekly claim after the week ends on Saturday. You can file any day of the following week starting on Sunday. The day on which you file does not impact your benefit, so filing later in the week is fine.

[File Weekly Claim](#)

Helpful reminders

If you choose to complete your weekly certification (step 2 in a weekly claim) through the automated phone filing system, you still need to log into ReEmployME to report your work search (click “Weekly Claim” after you login) in order to receive a benefit payment.

4. Select your payment method


You can choose to have your unemployment benefits paid by direct deposit or by debit card. By default, a debit card will be mailed to you. If you prefer direct deposit, please click the link below to change your payment method.

[Change Payment Method](#)

5. Continue to check your mail & e-mail

Keep your mailing address up to date, open mail from MDOL immediately, and routinely check the “Correspondence” tab in your ReEmployME account. This is important as you will receive your determination and confirmed benefit amount as letters in the mail.

[Update My Address](#)

 [Home](#)

Section 3: Filing Weekly Claims

Step 1: From the ReEmployME home page, select *Weekly Claim* → *File Weekly Claim* <OR> Select *File a Weekly Claim* from Quick Links

The screenshot displays the ReEmployME website interface. At the top, there is a navigation bar with the Maine.gov logo and search options. The main header features the 'REEMPLOY ME' logo and the 'MAINE DEPARTMENT OF LABOR' logo. Below the header, a horizontal menu contains various service options: 'Unemployment Claim', 'Weekly Claim', 'Update Address', 'Benefit Maintenance', 'Inquiry', 'Correspondences', 'File Appeal', and 'ReEmployment Services'. A dropdown menu is open under 'Weekly Claim', showing 'File Weekly Claim', 'IVR Work Search Filing', and 'Work Search Journal Entry'. A blue arrow points to the 'File Weekly Claim' option. Below the menu, there is a 'Quick Links' section with a list of links: 'Weekly Pay Status', 'Apply for Unemployment', 'File a Weekly Claim', 'Update Payment Information (Debit Card/Direct Deposit)', and 'My Account Information'. A 'News & Announcements' section on the right contains a message about sharing work search activity. The main content area shows a message: 'You do not have an active claim.'

Step 2: Review information regarding each step → Select Next

ME-WC-011

Filing a weekly claim: step by step

You must complete these three steps to determine your eligibility each week and to receive a weekly benefit payment. You must complete work search before starting your weekly certification.

1 Report work search

You will be guided through a series of questions to report any work search related activity or new employment.

Unless waived, work search is a requirement to receive weekly benefits.

2 Certify eligibility & report earnings

The weekly certification confirms eligibility including, but not limited to, that you were able and available to work and is where you must report any earnings.

This can only be completed once the week you want to claim has ended.

3 Review & submit your weekly claim

Review your responses and payment information. After you submit your claim, MDOL will determine your eligibility based on your answers.

This can only be completed once the week you want to claim has ended.

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Next>



Step 3: The “Weekly Claims” synopsis displays the status of up to 5 weekly claims → Select *Start Claim*

ME-WC-002

Weekly claims

You must file weekly claims in order (oldest first). Eligibility is determined on a weekly basis so file a claim every week, unless instructed otherwise, to determine eligibility.

Select a week

	STEP 1 Work search	STEP 2 Weekly certification	STEP 3 Review & submit	
Last week Jan 08 - 14, 2023	Not Started	Not Started	Not Submitted Due Jan 28, 2023	
Two weeks ago Jan 01 - 07, 2023	Completed	Completed	Submitted On Jan 17, 2023 	

[What happens if I do not submit a week?](#)





Status of the last 5 claims are displayed in the table. Oldest claims are listed at bottom of table and must be filed first.

Details about previous weekly claims can be viewed by selecting *View Claim*.

Step 4: The Step-by-Step screen redisplay with Step 1 highlighted in blue → Select *Report Work Search*

ME-WC-011

Filing for week of **Sunday, January 01 To Saturday, January 07**

Filing a weekly claim: step by step

You should answer the following questions carefully and make sure your responses are correct to the best of your knowledge. **Remember, providing false information is punishable by law.**

- 1 Report work search**
You will be guided through a series of questions to report any work search related activity or new employment.
 - Unless waived, work search is a requirement to receive weekly benefits.

[Who has to complete work search activities?](#)

Report Work Search
- 2 Certify eligibility & report earnings**
- 3 Review & submit your weekly claim**

[<Back](#)

Blue helper texts are hyperlinks that provide additional information.

Step 5: Answer question 1 with an appropriate response → Select *Next*

ME-WC-750

Filing for week of **Sunday, January 01, 2023 To Saturday, January 07, 2023**

1 of 3 steps

Report work search

1. Did you work or perform any services for an employer during the week (this does not include odd jobs)?
(required)

Additional information such as employer details and earnings will be captured in the weekly certification, step 2 in filing a weekly claim.

Yes No [What does this mean?](#)

[<Back](#) **Next>**

Step in process is tracked by progress bar at top of screen.

Step 6a: Additional questions display depending on answers provided for each question → Select appropriate responses → Select *Next (continue to Step 7a)*

ME-WC-750

Filing for week of **Sunday, January 01, 2023** To **Saturday, January 07, 2023**

1 of 3 steps

Report work search

1. Did you work or perform any services for an employer during the week (this does not include odd jobs)? **(required)**

Additional information such as employer details and earnings will be captured in the weekly certification, step 2 in filing a weekly claim.

Yes No [What does this mean?](#)

2. Do you have a confirmed start date to return to full employment? **(required)**

Yes No [What does this mean?](#)

3. Did you look for work or participate in Work Search related activities? **(required)**

Yes No [What does this mean?](#)

Unless Waived, you must participate in at least one Work Search activity each week to get unemployment benefits. To find out more about work search waivers, click below:

[Checkout the Work Search FAQ.](#)

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Next>



Step 6b: Additional questions display depending on the answers provided for each question → Select the appropriate responses → If 'No' is selected for question 3, question 4 will populate. Answer question 4 → Select *Review My Response*

ME-WC-750

Filing for week of **Sunday, January 01, 2023** To **Saturday, January 07, 2023**

1 of 3 steps

Report work search

1. Did you work or perform any services for an employer during the week (this does not include odd jobs)? **(required)**

Additional information such as employer details and earnings will be captured in the weekly certification, step 2 in filing a weekly claim.

Yes No [What does this mean?](#)

2. Do you have a confirmed start date to return to full employment? **(required)**

Yes No [What does this mean?](#)

3. Did you look for work or participate in Work Search related activities? **(required)** ←

Yes No [What does this mean?](#)

Unless Waived, you must participate in at least one Work Search activity each week to get unemployment benefits. To find out more about work search waivers, click below:

[Checkout the Work Search FAQ.](#)

4. Why did you not participate in work search related activities? **(required)**
- do not exceed 1000 characters ←

←

Step 7a: Select appropriate response(s) → Select *Review My Response* or *Next* (continue to Step 8)

ME-WC-750

Filing for week of **Sunday, January 01, 2023** To **Saturday, January 07, 2023**

1 of 3 steps

Report work search

1. During the week of 01 January to 07 January, did you participate in any of the following work search related activities? (required - select all that applied)

If you **contacted an employer, interviewed, or applied for a job**, please report further details when prompted. You will have the opportunity to enter details for multiple activities if needed by clicking "**Add Another Work Search Activity**" on the Summary of work search responses page.

If you completed one of the other activities listed, you do not have to enter further details at this time. Please save any documentation so you can easily provide it if a record is requested.

- I attended a job fair hosted by a CareerCenter virtually or in person
- I participated in CareerCenter reemployment services virtually or in person
- I participated in a CareerCenter workshop virtually or in person
- I applied for a job for which I am reasonably qualified
- I interviewed for a job for which I am reasonably qualified
- I contacted an employer about a job opening that I am interested in
- No, I did not participate in any work search related activities

If any of these options are chosen, select *Review My Response*

If any of these options are chosen, select *Next*

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Next>



Step 7b: If 'No' is selected for question 1, question 2 will populate → Provide a reason → Select *Review My Response*

Filing for week of **Sunday, January 01, 2023** To **Saturday, January 07, 2023**

1 of 3 steps

Report work search

1. During the week of 01 January to 07 January, did you participate in any of the following work search related activities? *(required - select all that applied)*

If you **contacted an employer, interviewed, or applied for a job**, please report further details when prompted. You will have the opportunity to enter details for multiple activities if needed by **clicking "Add Another Work Search Activity"** on the Summary of work search responses page.

If you completed one of the other activities listed, you do not have to enter further details at this time. Please save any documentation so you can easily provide it if a record is requested.

- I attended a job fair hosted by a CareerCenter virtually or in person
- I participated in CareerCenter reemployment services virtually or in person
- I participated in a CareerCenter workshop virtually or in person
- I applied for a job for which I am reasonably qualified
- I interviewed for a job for which I am reasonably qualified
- I contacted an employer about a job opening that I am interested in
- No, I did not participate in any work search related activities**

2. Why did you not participate in Work Search related activities? *(required - do not exceed 1000 characters)*



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[Review My Response](#)



Step 8: “A Summary of work search responses” displays → Select *Edit My Responses* to revise → If correct, select acknowledgement statement → Select *Save & Continue*

ME-WC-805

Filing for week of **Sunday, January 01, 2023** To **Saturday, January 07, 2023**

1 of 3 steps

Summary of work search responses

Here are your work search responses for the week. Please review your answer and remember that **providing false information is punishable by law. If you do not actively look for work as directed by MDOL, you may not be eligible for benefits that week.**

1. **No**, I did not work or perform any services for an employer during the week (this does not include odd jobs).
2. **No**, I do not have a confirmed start date to return to employment.
3. **Yes**, I did look for work or participate in Work Search related activities.

I attended a job fair hosted by a CareerCenter virtually or in person
I participated in a CareerCenter workshop virtually or in person

I acknowledge and confirm I have completed my work search activity. (once you have selected *Save & Continue* you will not be able to edit or add to your work search for this week.)

Edit My Responses

Save & Continue

Once *Save & Continue* is selected, you cannot revise any answers in this section.

Step 9: Select *Start Weekly Certification*

ME-WC-011

Filing for week of **Sunday, January 01** To **Saturday, January 07**

Filing a weekly claim: step by step



Report work search

Thank you for recording your Work Search, please continue on to the next steps and complete your Weekly Claim.

Step 1 is checked and highlighted in green to indicate completion.



Certify eligibility & report earnings

The weekly certification confirms eligibility including, but not limited to, that you were able and available to work and is where you must report any earnings.

Step 2 is highlighted in blue to indicate this is next step in process.

Save & Exit

Start Weekly Certification



Review & submit your weekly claim

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Step 10: Select an appropriate response for each question → Select *Next*

ME-WC-004

Filing for week of **Sunday, January 01, 2023** To **Saturday, January 07, 2023**

2 of 3 steps

Status bar now indicates Step 2 of 3

Weekly certification details

Some questions have been automatically answered based on your work search responses for this week.

1. If work had been available to you, would you have been physically able to work each day during the week? *(required)*

Yes No [What does this mean?](#)

2. If work had been offered to you, would you have been available to work each day during the week? *(required)*

Yes No [What does this mean?](#)

3. Did you refuse any work during the week? *(required)*

Yes No [What does this mean?](#)

4. Did you refuse any job referral from the JobLink during the week? *(required)*

Yes No [What does this mean?](#)

5. Did you work or perform any services for an employer during the week? *(required)*

Yes No [What does this mean?](#)

6. Did you have any earnings from an odd job or self-employment during the week? *(required)*

Yes No [What does this mean?](#)

7. Do you have a confirmed start date to return to full employment? *(required)*

Yes No [What does this mean?](#)

8. Did you attend jury selection or serve as a member of a jury during the week? *(required)*

Yes No [What does this mean?](#)

9. Did you receive bonus pay, wages in lieu of notice, or severance pay from any employer for the week? *(required)*

Yes No [What does this mean?](#)

10. Did you begin receiving a pension other than social security or did a previously reported pension change? *(required)*

Yes No [What does this mean?](#)

11. Do you wish to change the number of dependent children from the prior claim week? *(required)*

Yes No [What does this mean?](#)

Answers to questions 5 and 7 will prefill based on answers provided in Step 1.

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Next>

Step 11: “Review & submit weekly claim” screen displays → If correct, select “I have read and verified my payment information” → Select *Review My Claim*

ME-WC-011

Filing for week of **Sunday, January 01** To **Saturday, January 07**

Review & submit weekly claim

Please review your answers carefully and make sure they are correct to the best of your knowledge.
Remember, providing false information is punishable by law.


Review payment method

During the COVID-19 pandemic, there has been an increase in identity theft and fraudulent accounts. Please make sure the right payment information is associated with your account.

Present payment mode	Direct Deposit
Name on Bank Account	<i>Claimant Name</i>
Account Type	<i>Account Type</i>
Bank Account Number	<i>Bank Account Number</i>
Bank Routing Number	<i>Bank Routing Number</i>

[Change My Payment Info](#)

I have read and verified my payment information.

[<Back](#) [Review My Claim](#) 

Step 12: Review responses → Select Next

ME-WC-006

Filing for week of **Sunday, January 01, 2023** To **Saturday, January 07, 2023**

3 of 3 steps

Review & submit weekly claim

Please review your answers carefully and make sure they are correct to the best of your knowledge. Remember, providing false information is punishable by law. If you do not actively look for work as directed by MDOL, you may not be eligible for benefits that week.

Status bar now
indicates Step 3 of 3

Summary of work search responses

Here are your work search responses for the claim period of Sunday, January 01, 2023 to Saturday, January 07, 2023.

1. **No**, I did not work or perform any services for an employer during the week (this does not include odd jobs).

2. **No**, I do not have a confirmed start date to return to employment.

3. **Yes**, I did look for work or participate in Work Search related activities.

I attended a job fair hosted by a CareerCenter virtually or in person

I participated in CareerCenter reemployment services virtually or in person

Summary of weekly certification responses

Here are your weekly certification responses for the claim period of Sunday, January 01, 2023 to Saturday, January 07, 2023.

1. **Yes**, if work had been available to me, I would have been physically able to work each day during the week.

2. **Yes**, If work had been offered to me, I would have been available to work each day during the week.

3. **No**, I did not refuse any work during the week.

4. **No**, I did not refuse a job referral from the JobLink during the week.

5. **No**, I did not work or perform any services during the week for an employer.

6. **No**, I did not have any earnings through an odd job or self-employment for the week.

7. **No**, I do not have a confirmed start date to return to full employment.

8. **No**, I did not attend jury selection or serve as a member of a jury during the week.

9. **No**, I did not receive bonus pay, wages in lieu of notice, or severance pay from any employer for the week.

10. **No**, I did not begin receiving a pension other than social security or No, a previously reported pension did not change.

11. **No**, I do not wish to change the number of dependent children from the prior claim week.

Edit My Weekly Claim

Next>

Step 13: Review Acknowledgement statement → Enter the last 4 digits of the SSN as the claimant's electronic signature → Select *Submit*

ME-WC-010

3 of 3 steps

MDOL audits the information you provide to verify its accuracy. Failure to properly report any earnings may result in overpayment, garnishment of future wages, and/or prosecution in Federal and/or State courts.

Acknowledgement

- The information that I have provided is true to the best of my knowledge.
- I have neither applied for and/or received Unemployment Insurance benefits for the week beginning Sunday, January 01, 2023 and ending Saturday, January 07, 2023 from any other State, the United States, or Canada, except as claimed.
- This claim is made with my full knowledge that the law provides penalties for making false statements or concealing material facts to obtain or increase benefits.

Enter the last four (4) digits of your Social Security Number as your electronic signature verifying that you have read and understand the Acknowledgement statement above.
(required)



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Submit



Step 14: A confirmation screen displays → Review information as needed → Select *Home* to return to ReEmployME home page

ME-WC-011

Filing for week of **Sunday, January 01, 2023 To Saturday, January 07, 2023**

Complete

Application received

The Maine Department of Labor (MDOL) has received your weekly claim and we are reviewing it for eligibility. **The next steps are outlined below.**

[Claim Another Week](#)

What MDOL is doing

Weekly claim review

We are reviewing your claim for the week of Sunday, January 01, 2023 to Saturday, January 07, 2023. You can check your weekly claim status on ReEmployME. Typically, this takes 2-4 business days.

[Learn About Eligibility](#)

[Track Application Status](#)

Your Next Steps:

Continue your work search

You must enter your work search details when you complete your weekly claim. At least one work search activity is required every week for everyone filing for unemployment, unless you are on a medical quarantine due to COVID-19. Want to know "What counts as work search activities" or "Who has to complete weekly work search?" Check out the work search FAQ.

[Work Search FAQ](#)

[Go to JobLink](#)

Submit your next weekly claim

Between Sunday, January 22, 2023 and Saturday, February 04, 2023, return to submit your next weekly claim. The day on which you file does not impact your benefit, so filing later in the week is fine.

Helpful reminders

Report earnings in the week you work and earn them not in the week they are paid to you.

Report total (gross) earnings (including taxes and deductions), not the amount that goes into your bank account.

If you choose to file your weekly certification (step 2 in a weekly claim) through the automated phone filing system, you still need to log into ReEmployME to report your work search (click "Weekly Claim" after you log in) in order to receive a benefit payment.

Keep your information up to date

Keep your mailing address up to date, open mail from MDOL immediately, and routinely check the "Correspondence" tab in your ReEmployME account. This is important as you will receive your determination and confirmed benefit amount as letters in the mail.

[Update My Address](#)

[Home](#)

Steps 1 and 2 are mandatory for each week you want to receive unemployment benefits.

Section 4: Updating Self-Service Account

Scenario 1: Update Contact Information

Step 1: From the ReEmployME home page, select *Benefit Maintenance* → *Update Claimant Profile* → *Contact Details*

The screenshot shows the navigation menu with the following structure:

- Unemployment Claim
- Weekly Claim
- Benefit Maintenance**
 - Update Claimant Profile**
 - SSA Validation Details
 - Identity Verification
 - Contact Details** ← (Blue arrow)
 - Alien Details
 - Deceased Details
 - Update IVR Status
 - Update Language
 - Set / Reset PIN
 - Add Comment
 - Cancel a Claim
 - Maintain SIDES Employer
 - Maintain SIDES E-Response Employer
 - Backdate Claim Request
 - Update Chargeability
 - Fraud Prevention
- Monetary
- Inquiry
- Workshare
- Nonmonetary
- Forms / Correspondence
- DWB

On the right side of the menu, there is a list of categories:

- Weekly Claim
- Monetary
- Workshare
- Forms / Correspondence
- System Administration
- Document Transfer To DMS
- PUA Application

Step 2: Select the claimant

CFM-001

Claimant User Search

At least one of the following Search Criteria must be entered to conduct the search. More information can be entered to narrow the Search Results.

Search Criteria:

Claimant SSN: - -

First Name:

Last Name:

User Id:

Search Results:

(No of Records: 1 - 1 of 1, Page: 1 of 1)

Select	SSN	First Name	MI	Last Name	User Id
<input type="radio"/>	Claimant SSN	Claimant First Name		Claimant Last Name	Claimant User ID

(No of Records: 1 - 1 of 1, Page: 1 of 1)

↓ (Blue arrow pointing to Next button)

Step 3: Make changes on the “Update Contact Information” screen as needed → Select *Submit* (bottom half of screen on the next page)

Please note the comment at the top of the screen

- “If you are a victim of domestic violence, do not use this screen to update your contact information. Please call 1-800-593-7660 to make updates.”
- A new question has been added to the “Update Contact Information” screen. If the Claimant calls in as a result of this message this would be handled by a specialist with the below role.

Role Needed: “Benefits – Address Detail Specialist”

CFM-002

If you are a victim of domestic violence, do not use this screen to update your contact information. Please call 1-800-593-7660 to make updates.

Update Contact Information

* Required Information

<p>1. Claimant SSN</p> <p>a. Gender</p> <p>2. * Date of Birth</p> <p>3. * First Name</p> <p>4. Middle Initial</p> <p>5. * Last Name</p> <p>6. * Mailing Address</p> <p>Address Line 1</p> <p>Address Line 2</p> <p>City</p> <p>State/Province</p> <p>ZIP Code</p> <p>Country</p> <p>7. * Residential Address is</p> <p>8. * Residential Address</p> <p>Address Line 1</p> <p>Address Line 2</p> <p>City</p> <p>State/Province</p> <p>ZIP Code</p> <p>Country</p> <p>9. If Maine resident, select town</p> <p>10. Telephone Number(s)</p> <p>* a. Primary Number</p> <p>b. Cell Phone Number</p>	<p>Claimant SSN</p> <p><input type="radio"/> Male <input checked="" type="radio"/> Female</p> <p>MM / DD / YYYY</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Maine</p> <p>04043</p> <p>United States</p> <p><input checked="" type="radio"/> Same as Mailing Address ?</p> <p><input type="radio"/> Different</p> <p>Maine</p> <p>04043</p> <p>United States</p> <p>Kennebunk</p> <p><input type="text"/> - <input type="text"/> - <input type="text"/></p> <p><input type="text"/> - <input type="text"/> - <input type="text"/></p>
---	---

Step 3: Make changes on the “Update Contact Information” screen as needed → Select *Submit*

Please note the comment at the top of the screen

- “If you are a victim of domestic violence, do not use this screen to update your contact information. Please call 1-800-593-7660 to make updates.”
- A new question has been added to the “Update Contact Information” screen. If the Claimant calls in as a result of this message this would be handled by a specialist with the below role.

Role Needed: “Benefits – Address Detail Specialist”

11. * Would you like to sign-up to receive notification via text message regarding your reemployment assistance?*

*Message and Data rates may apply.

12. * How may we contact you?

a. Email Acknowledgment

13. * E-mail Address

14. * Confirm E-mail Address

a. Email Verified

15. Prospect Type

16. Self-Service Status

a. Self-Service Action

17. Reset IVR PIN

18. Persona Non-Grata Indicator

Yes No

Email

TERMS AND CONDITIONS:
By checking "I Agree", you agree and consent to receive notification of unemployment insurance correspondence by email. You will receive an email notification at the email

I AGREE to the Terms and Conditions of MDOL regarding electronic notifications.

(Note: If you are using an email spam blocker, you may need to add '@maine.gov' to your list of trusted email addresses or domain names in order to properly receive email correspondence from MDOL.)

By providing your email address you can receive important information faster and more efficiently. You can also reset your password using our convenient automated system.

Good Prospect Not Good Prospect Not Applicable

Locked - by CSR

Unlock Lock

The claimant's account can be locked if ID theft is suspected

<Back Submit

If the email address associated with the account was previously activated, changing the email address will require activation of the new email address. See *Section 1 Scenario 1 Step 8*.

Claimant can only select United States or Canada for a country. Canadian zip codes also contain letters and Canada must be selected for country to enter a proper Canadian zip code.


Step 4: Confirmation screen displays → Select *Home*

Unemployment Claim	Weekly Claim	Benefit Maintenance	Monetary	Inquiry	Workshare	Nonmonetary	Forms / Correspondence	DWB
System Administration	File Appeal	Document Transfer To DMS	MEUC Application	PUA Application				

SUC-002

Update Contact Information Confirmation

The Contact Information has been updated successfully.


[Home](#)

Scenario 2: Check Claim Status

Step 1: Log in to ReEmployME → Select *Inquiry* → Select *Benefits* → Select *Claimant / Claim Inquiry*

The screenshot shows the ReEmployME user interface. At the top, there is a navigation bar with various menu items. The 'Inquiry' menu is highlighted with a red box, and its sub-menu 'Benefits' is also highlighted with a red box. Within the 'Benefits' sub-menu, 'Claimant / Claim Inquiry' is highlighted with a red box. A blue arrow points from this menu item to a 'News & Announcements' box on the right side of the page. Below the navigation bar, there is a 'Quick Links' section on the left and a main content area. The main content area has two tabs: 'Claim Information' and 'Weekly Claim Status'. The 'Weekly Claim Status' tab is active, and it displays a message: 'You do not have an active claim.' The 'News & Announcements' box contains a red text announcement: 'Beginning with the week ending May 28, 2022, part-time work will no longer be an option to use as a work search activity. This means, when you file your weekly claim on Sunday, May 29 or after, working part-time will not be a work search activity option.'

Step 2: The "Claim Summary" screen displays

Welcome *Claimant Name* [Home](#) | [Log out](#)

[Unemployment Claim](#) | [Weekly Claim](#) | [Update Address](#) | [Benefit Maintenance](#) | [Inquiry](#) | [Correspondences](#) | [File Appeal](#) | [Overpayment Waiver](#)
[ReEmployment Services](#) | [View & Print 1099](#) | [Provide PUA Proof of Earnings](#) | [Upload Document for Work Search Audit](#) | [Provide PUA Proof of Employment](#)
[PUA Identity Documents](#) | [Online Interview](#)

INQ-001

Claim Summary

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Name</i>
		Claimant Id	<i>Claimant ID</i>

Claimant Details

Mailing Address	<i>Claimant Mailing Address</i>	Telephone Number	<i>Claimant Phone Number</i>
		Date of Birth	<i>Claimant Date of Birth</i>
		Gender	<i>Claimant Gender</i>
Residential Address	<i>Claimant Residential Address</i>	Report Location	N/A
		Residence County	PENOBSCOT

Claim Details

Type	Regular -UI Only	Status	Active
Claim Start Date	06/26/2022	Base Period	Apr-Jun 2021
Claim End Date	06/25/2023		Jul-Sep 2021
Weekly Amount	\$ 272.00		Oct-Dec 2021
Maximum Amount	\$ 7,072.00		Jan-Mar 2022
Balance	\$ 7,072.00		
Pension	N/A		
Adjusted Weekly Amount	N/A		

Pending Weekly Certification(s)

No pending weekly certifications.

[Unemployment Verification Processed Weekly Certification](#) | [Weekly Pay Status](#) | [FPUC Payment](#) | [MEUC Payment](#) | [LWA Payment](#)

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Step 3a: To check the status of your processed Weekly Certifications, select *Processed Weekly Certifications*

Welcome *Claimant Name* [Home](#) | [Log out](#)

[Unemployment Claim](#) | [Weekly Claim](#) | [Update Address](#) | [Benefit Maintenance](#) | [Inquiry](#) | [Correspondences](#) | [File Appeal](#) | [Overpayment Waiver](#)
[ReEmployment Services](#) | [View & Print 1099](#) | [Provide PUA Proof of Earnings](#) | [Upload Document for Work Search Audit](#) | [Provide PUA Proof of Employment](#)
[PUA Identity Documents](#) | [Online Interview](#)

INQ-001

Claim Summary

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Name</i>
		Claimant Id	<i>Claimant ID</i>

Claimant Details

Mailing Address	<i>Claimant Mailing Address</i>	Telephone Number	<i>Claimant Phone Number</i>
		Date of Birth	<i>Claimant Date of Birth</i>
		Gender	<i>Claimant's Gender</i>
Residential Address	<i>Claimant Residential Address</i>	Report Location	N/A
		Residence County	PENOBSCOT

Claim Details

Type	Regular -UI Only	Status	Active
Claim Start Date	06/26/2022	Base Period	Apr-Jun 2021
Claim End Date	06/25/2023		Jul-Sep 2021
Weekly Amount			Oct-Dec 2021
Maximum Amount			Jan-Mar 2022
Balance			
			\$ 272.00
			\$ 7,072.00
Pension	N/A		\$ 7,072.00
Adjusted Weekly Amount	N/A		

Pending Weekly Certification(s)

No pending weekly certifications.

[Unemployment Verification](#) |
[Processed Weekly Certification](#)
 | [Weekly Pay Status](#) | [FPUC Payment](#) | [MEUC Payment](#) | [LWA Payment](#)

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Step 4: Processed weekly certifications are displayed

Welcome *Claimant Name* [Home](#) | [Log out](#)

[Unemployment Claim](#) [Weekly Claim](#) [Update Address](#) [Benefit Maintenance](#) [Inquiry](#) [Correspondences](#) [File Appeal](#) [Overpayment Waiver](#)
[ReEmployment Services](#) [View & Print 1099](#) [Provide PUA Proof of Earnings](#) [Upload Document for Work Search Audit](#) [Provide PUA Proof of Employment](#)
[PUA Identity Documents](#) [Online Interview](#)

PAY-007

Processed Weekly Certification(s)

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

(No of Records: 1 - 1 of 1, Page: 1 of 1)

Week Ending Date	Filed Date	Amount Paid (\$)
2022-10-15	2022-10-25	0.00

(No of Records: 1 - 1 of 1, Page: 1 of 1)

[Print](#) [<Back](#)

Step 3b: To check the 'Weekly Certification' status, select *Weekly Pay Status*

Welcome *Claimant Name* [Home](#) | [Log out](#)

[Unemployment Claim](#) | [Weekly Claim](#) | [Update Address](#) | [Benefit Maintenance](#) | [Inquiry](#) | [Correspondences](#) | [File Appeal](#) | [Overpayment Waiver](#) |
[ReEmployment Services](#) | [View & Print 1099](#) | [Provide PUA Proof of Earnings](#) | [Upload Document for Work Search Audit](#) | [Provide PUA Proof of Employment](#) |
[PUA Identity Documents](#) | [Online Interview](#)

INQ-001

Claim Summary

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Name</i>
		Claimant Id	<i>Claimant ID</i>

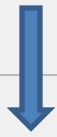
Claimant Details

Mailing Address	<i>Claimant Mailing Address</i>	Telephone Number	<i>Claimant Phone Number</i>
		Date of Birth	<i>Claimant Date of Birth</i>
		Gender	<i>Claimant's Gender</i>
Residential Address	<i>Claimant Residential Address</i>	Report Location	N/A
		Residence County	PENOBSCOT

Claim Details

Type	Regular -UI Only	Status	Active
Claim Start Date	06/26/2022	Base Period	Apr-Jun 2021
Claim End Date	06/25/2023		Jul-Sep 2021
Weekly Amount	\$ 272.00		Oct-Dec 2021
Maximum Amount	\$ 7,072.00		Jan-Mar 2022
Balance	\$ 7,072.00		
Pension	N/A		
Adjusted Weekly Amount	N/A		

Pending Weekly Certification(s)
No pending weekly certifications.



[Unemployment Verification](#) | [Processed Weekly Certification](#) | [Weekly Pay Status](#) | [FPUC Payment](#) | [MEUC Payment](#) | [LWA Payment](#)

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Step 4: Submitted Claims are displayed



Welcome *Claimant Name* [Home](#) | [Log out](#)

[Unemployment Claim](#) [Weekly Claim](#) [Update Address](#) [Benefit Maintenance](#) [Inquiry](#) [Correspondences](#) [File Appeal](#) [Overpayment Waiver](#)
[ReEmployment Services](#) [View & Print 1099](#) [Provide PUA Proof of Earnings](#) [Upload Document for Work Search Audit](#) [Provide PUA Proof of Employment](#)
[PUA Identity Documents](#) [Online Interview](#)

ME-WC-002

Submitted Claims

Eligibility is determined weekly, so continue to submit weekly claims unless instructed otherwise. This represents the last 15 months of claim history.

Claim week	Status	Amount paid(\$)
Oct 09 - 15, 2022	 Verify identity	0.00* 

[Show All Weeks](#)

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Scenario 3: View and Print Unemployment Record

Claimants who wish to access other social services, i.e., LIHEAP, may need to provide documentation regarding being unemployed.

Step 1: Log in to ReEmployME → Select *Inquiry* → *Benefits* → *Claimant / Claim Inquiry*

The screenshot shows the ReEmployME website interface. At the top, there is a navigation bar with 'Maine.gov' and links for 'Agencies', 'Online Services', 'Help', and a search bar. The main header features the 'REEMPLOY ME' logo and the 'MAINE DEPARTMENT OF LABOR' logo. Below the header, there is a navigation menu with various options: 'Unemployment Claim', 'Weekly Claim', 'Update Address', 'Benefit Maintenance', 'Inquiry', 'Correspondences', 'File Appeal', 'Overpayment Waiver', 'ReEmployment Services', 'View & Print 1099', 'Provide PUA Proof of Earnings', 'PUA Identity Documents', and 'Online Interview'. The 'Inquiry' menu is expanded, showing 'Benefits', 'Claimant / Claim Inquiry', and 'Weekly Pay Status'. The 'Benefits' menu is further expanded, showing 'Claimant / Claim Inquiry' and 'View/Print Claim Summary for Income Verification'. A blue arrow points to the 'Claimant / Claim Inquiry' option. Below the navigation menu, there is a 'Quick Links' section with links for 'Weekly Pay Status', 'Apply for Unemployment', and 'File a Weekly Claim'. The 'Claim Information' section displays the following details: 'Your Claim Period: 06/26/2022 to 06/25/2023', 'Maximum Weekly Benefits: \$272.00', 'Total Amount of Benefits for Your Claim Period: \$7072.00', 'Remaining Balance of Benefits: \$7072.00', and 'Your waiting period has not been served for your current claim period.' The 'News & Announcements' section contains two items: 'Please confirm the mailing address on your account is correct to ensure you receive your 1099-G tax form, no later than December 31.' and 'We are experiencing higher call volumes on Mondays and Tuesdays, currently. Your wait time may be less if you call our'.

Step 2: The “Claim Summary” displays → Select the *Unemployment Verification* hyperlink

Welcome *Claimant Name* [Home](#) | [Log out](#)

[Unemployment Claim](#) | [Weekly Claim](#) | [Update Address](#) | [Benefit Maintenance](#) | [Inquiry](#) | [Correspondences](#) | [File Appeal](#) | [Overpayment Waiver](#)
[ReEmployment Services](#) | [View & Print 1099](#) | [Provide PUA Proof of Earnings](#) | [Upload Document for Work Search Audit](#) | [Provide PUA Proof of Employment](#)
[PUA Identity Documents](#) | [Online Interview](#)

INQ-001

Claim Summary

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Name</i>
		Claimant Id	<i>Claimant ID</i>

Claimant Details

Mailing Address	<i>Claimant Mailing Address</i>	Telephone Number	<i>Claimant Phone Number</i>
		Date of Birth	<i>Claimant Date of Birth</i>
		Gender	<i>Claimant's Gender</i>
Residential Address	<i>Claimant Residential Address</i>	Report Location	N/A
		Residence County	PENOBSCOT

Claim Details

Type	Regular -UI Only	Status	Active
Claim Start Date	06/26/2022	Base Period	Apr-Jun 2021
Claim End Date	06/25/2023		Jul-Sep 2021
Weekly Amount	\$ 272.00		Oct-Dec 2021
Maximum Amount	\$ 7,072.00		Jan-Mar 2022
Balance	\$ 7,072.00		
Pension	N/A		
Adjusted Weekly Amount	N/A		

Pending Weekly Certification(s)

No pending weekly certifications.

[Unemployment Verification](#)
[Processed Weekly Certification](#) | [Weekly Pay Status](#) | [FPUC Payment](#) | [MEUC Payment](#) | [LWA Payment](#)

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Step 3: The “Maine Department of Labor Unemployment Verification” screen displays → Select *Print*

INQ-002

Maine Department of Labor
Unemployment Verification

01/11/2023

Claimant Name	<i>Claimant Name</i>	Claimant SSN	<i>Claimant SSN</i>
Mailing Address	<i>Claimant Mailing Address</i>		

Monetary Information

Benefit Year From 06/26/2022 To 06/25/2023

1.	Weekly Benefit Amount	\$272.00
2.	Maximum Benefit Amount	\$7,072.00
3.	Balance of Benefits for Benefit Year	\$7,072.00
4.	Date Most Recent Weekly Certification Filed	10/25/2022

Reason Claimant is not receiving benefits

1.	Insufficient Wages	No
2.	Disqualified	N/A
3.	Issue Pending	Yes

Processed Weekly Certification(s)

Week Ending Date	Entitlement Type	Processed/Payment Date	Status	Paid Amount (\$)	Federal Tax	State Tax	Child Support
10/15/2022	Regular	10/25/2022	Issue on File	0.00	0.00	0.00	0.00
10/15/2022	Regular	11/03/2022	Issue on File	0.00	0.00	0.00	0.00

Total Repayments, Offsets, & Credits 2023

The repayments, offsets, and credits for UI overpayments may be utilized for tax purposes. Please consult your tax preparer or visit www.irs.gov/Form1099G.

1.Total Repayments, Offsets, & Credits \$0

[Print](#)
<Back

Scenario 4: Change Payment Method - Routing Number Validation

Step 1: From the home screen, select *Benefit Maintenance* → *Update Claimant Profile* → *Payment Options*

The screenshot shows the REEMPLOY ME website interface. At the top, there are logos for 'REEMPLOY ME Unemployment System Alliance Partner' and 'MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation'. A navigation bar contains several menu items: 'Unemployment Claim', 'Weekly Claim', 'Update Address', 'Benefit Maintenance', 'Inquiry', 'Correspondences', 'File Appeal', 'Overpayment Waiver', 'ReEmployment Services', 'View & Print 1099', 'Provide P', 'Update Claimant Profile', 'Contact Details', 'Audit', 'Provide PUA Proof of Employment', 'PUA Identity Documents', and 'Online Interview'. The 'Benefit Maintenance' menu is expanded, and 'Update Claimant Profile' is selected, which has further expanded to show 'Payment Options', 'Verify E-mail', and 'Set up PIN'. A blue arrow points to the 'Payment Options' item. Below the navigation bar, there is a 'Quick Links' section on the left with items like 'Weekly Pay Status', 'Apply for Unemployment', 'File a Weekly Claim', 'Update Payment Information (Debit Card/Direct Deposit)', 'My Account Information', 'View Claim Documents', and 'View/Print Claim Summary for Income Verification'. In the center, there are tabs for 'Claim Information' and 'Weekly Claim Status', with a message stating 'You do not have an active claim.' On the right, there is a 'News & Announcements' section with a red text announcement: 'Beginning with the week ending May 28, 2022, part-time work will no longer be an option to use as a work search activity. This means, when you file your weekly claim on Sunday, May 29 or after, working part-time will not be a work search activity option.'

Step 2: The claimant will have the ability to change the Federal and State Tax Withholdings as well as the payment mode. Once the claimant selects “Direct Deposit” as the preferred method of receiving benefit payments, the system will display the necessary fields to enter the direct deposit information.

CFM-004

Update Payment Information

* Required Information

1. Date of Birth *Claimant Date of Birth*
2. First Name *Claimant First Name*
3. Middle Initial *Claimant Middle Initial*
4. Last Name *Claimant Last Name*
5. * Federal Tax Withheld Yes No
6. * State Tax Withheld Yes No
7. Present payment mode *Debit Card*
8. * Select your preferred method of receiving benefit payments Direct Deposit Debit Card

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.

Monthly fee \$0	Per Purchase \$0	ATM withdrawal \$0 in-network \$1.75* out-of-network	Cash reload N/A
ATM Balance Inquiry (in-network or out-of-network)		\$0	
Customer Service (automated or live agent)		\$0 per call	
Inactivity (after 365 days with no transactions)		\$2.00 per month	

We charge 2 other types of fees.

* This fee can be lower depending on how and where this card is used. See the accompanying Fee Schedule for free ways to access your funds and balance information.

[Long Disclosure Form](#)

* Enter the last four digits of your Social Security Number as your electronic signature to acknowledge that you have read the short and long disclosure information.

Step 3: Update the Federal and State tax withholding choices → Enter the Direct Deposit information in questions 9a through 9g

CFM-004

Update Payment Information

* Required Information

1.	Claimant SSN	<i>Claimant SSN</i>
2.	Date of Birth	<i>Claimant Date of Birth</i>
3.	First Name	<i>Claimant First Name</i>
4.	Middle Initial	<i>Claimant Middle Initial</i>
5.	Last Name	<i>Claimant Last Name</i>
6.	* Federal Tax Withheld	<input type="radio"/> Yes <input type="radio"/> No
7.	* State Tax Withheld	<input type="radio"/> Yes <input type="radio"/> No
8.	Present payment mode	
	* a. Do you want to change the option to Debit Card	<input type="radio"/> Yes <input checked="" type="radio"/> No
9.	* Select your preferred method of receiving benefit payments	<input checked="" type="radio"/> Direct Deposit <input type="radio"/> Debit Card

If you selected Direct Deposit, enter the following information:

a.	Name on Bank Account	<input type="text"/>
b.	Account Type	<input type="text" value="-Select-"/> ?
c.	Bank Account Number	<input type="text"/> ?
d.	Confirm Bank Account Number	<input type="text"/>
e.	Bank Routing Number	<input type="text"/> ?
f.	Confirm Bank Routing Number	<input type="text"/> <input type="button" value="Verify Routing Number"/>
g.	Financial Institution	

Step 4: After the bank routing number is entered twice and *Verify Routing Number* is selected, the Financial Institution name will be auto displayed in the “Financial Institution” field → Select *Submit*

CFM-004

Update Payment Information

* Required Information

1. Claimant SSN *Claimant SSN*
2. Date of Birth *Claimant Date of Birth*
3. First Name *Claimant First Name*
4. Middle Initial *Claimant Middle Initial*
5. Last Name *Claimant Last Name*
6. * Federal Tax Withheld Yes No
7. * State Tax Withheld Yes No
8. Present payment mode Debit Card
9. * Select your preferred method of receiving benefit payments Direct Deposit Debit Card

If you selected Direct Deposit, enter the following information:

- a. Name on Bank Account
- b. Account Type ?
- c. Bank Account Number ?
- d. Confirm Bank Account Number
- e. Bank Routing Number ?
- f. Confirm Bank Routing Number
- g. Financial Institution

Step 5: The “Mandatory ID Verification” screen displays → Select the ‘Photo ID Document Type’ → Select *+Browse* for questions 2 and 3 to upload ID documents for verification → Select *Submit*

CIN-275

Mandatory ID Verification

* Required Information

Providing an identification document (scan or photo) and a photo of you holding the document is mandatory for payment option changes.

This could include Adobe documents (pdf), Word documents (doc, docx), and image files (gif, jpg, jpeg, png, or bmp).

Upload document can be of maximum 10 MB in size.

1. * Photo ID Document Type
2. * Upload Photo ID Document
Click on Browse to select or directly drag and drop into the box to upload file
3. * Upload photo of you holding ID Document
Click on Browse to select or directly drag and drop into the box to upload file

-Select-

Driver's License

Passport

Military ID

Federal or State employee ID

Step 6: A confirmation screen appears indicating “The Payment Information has been updated successfully”

SUC-002

Update Payment Information Confirmation

The Payment Information has been updated successfully.

Home

Step 7: Once the claimant has completed this process a CSR has to verify the payment option change documents. An overnight batch must run to update the claimant’s payment option.

The CSR Verifies Payment Option Change Documents:

CIN-270

Verify Payment Option Change Documents

1. From Date / /

3. SSN

5. Batch ID

2. To Date / /

4. Verification Status

(No of Records: 1 - 1 of 1, Page: 1 of 1)

Batch ID	SSN	Claimant Name	Upload Date	Photo ID Proof Type	Uploaded File	Second ID Proof Type	Uploaded File	Verification Status	Comments
3	Claimant SSN	Claimant Name	06/29/2022	Passport	View	Selfie With ID	View	Verified	

(No of Records: 1 - 1 of 1, Page: 1 of 1)

Step 8: After the CSR verification process is complete, the claimant can log into the system and navigate to the “Update Payment Information” screen to verify the updated payment information

CFM-004

Update Payment Information

* Required Information

1. Claimant SSN	<input type="text"/>	<i>Claimant SSN</i>
2. Date of Birth	<input type="text"/>	<i>Claimant Date of Birth</i>
3. First Name	<input type="text"/>	<i>Claimant First Name</i>
4. Middle Initial	<input type="text"/>	<i>Claimant Middle Initial</i>
5. Last Name	<input type="text"/>	<i>Claimant Last Name</i>
6. * Federal Tax Withheld	<input checked="" type="radio"/> Yes <input type="radio"/> No	
7. * State Tax Withheld	<input checked="" type="radio"/> Yes <input type="radio"/> No	
8. Present payment mode	Direct Deposit	
*a. Do you want to change the option to Debit Card	<input type="radio"/> Yes <input checked="" type="radio"/> No	
9. * Select your preferred method of receiving benefit payments	<input checked="" type="radio"/> Direct Deposit <input type="radio"/> Debit Card	

If you selected Direct Deposit, enter the following information:

a. Name on Bank Account	<input type="text"/>	<i>Name on Bank Account</i>
b. Account Type	<input type="text" value="Savings Account"/> ?	
c. Bank Account Number	<input type="text" value="*****"/> ?	
d. Confirm Bank Account Number	<input type="text" value="Bank Account Number"/>	
e. Bank Routing Number	<input type="text" value="*****"/> ?	
f. Confirm Bank Routing Number	<input type="text" value="Routing Number"/> <input type="button" value="Verify Routing Number"/>	
g. Financial Institution	<input type="text"/>	<i>Financial Institution Name</i>

Step 9: A notice of “Change to Payment Information” correspondence is NOT generated for an approved payment option change. However, an “ID Verification for Payment Method Change Decision” is generated for a rejected payment change.

If a CSR Rejects the Payment Option Change Documents:

CIN-270

Verify Payment Option Change Documents

1. From Date: MM / DD / YYYY


2. To Date: MM / DD / YYYY

3. SSN:

4. Verification Status:

5. Batch ID:

(No of Records: 1 - 1 of 1, Page: 1 of 1)

Batch ID	SSN	Claimant Name	Upload Date	Photo ID Proof Type	Uploaded File	Second ID Proof Type	Uploaded File	Verification Status	Comments
4	Claimant SSN	Claimant Name	06/29/2022	Driver's License	View	Selfie With ID	View	Rejected <input type="button" value="▼"/>	

(No of Records: 1 - 1 of 1, Page: 1 of 1)

A Me. BPC-AT01 correspondence is generated:

	MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation ID Verification For Payment Method Change Decision	
---	---	---

Date Mailed: 06/29/2022

CLAIMANT INFORMATION

Claimant Name : *Claimant Name*

SSN: *Claimant SSN*

NOTICE INFORMATION WITH DECISION

A request to change payment method was made on 06/29/2022. In order to complete this change, you were requested to provide proof of your identity to the Department no later than 15 days from the notice mail date. The documents submitted either did not meet one or all of the following criteria explained in the previous request sent.

- Documents submitted were not what is considered acceptable proof of ID per the list provided in both notices.
- Documents were blurry and/or illegible.
- Discrepancy between documents provided (date of birth, name), and ReEmployME account.
- A government-issued photo ID was not submitted.

In accordance with established Department procedures to prevent and halt identity theft, the payment method change has not been approved and the account has been locked.

NOTICE INFORMATION FOR LAW

26 M.R.S. Section 1192(1) provides, in part, an unemployed individual shall be eligible to receive benefits with respect to any week only if (the individual) has made a claim for benefits with respect to such week or part thereof in accordance with such regulations as the commission may prescribe. Further, Chapter 3.1.D of the Commission rules provides, in part, if a claimant has been instructed by means of a message which has been sent by any other written means to provide information which is necessary to determine eligibility for benefits, and such information is not provided, either by telephone, or in an envelope that is postmarked, within fourteen (14) days from the date on which the message was mailed or the date on which any other request to provide such information was mailed, benefits shall be denied for the week for which the requested information was not provided unless the claimant can show good cause for the failure to provide requested information to the bureau.

APPEAL RIGHTS

This decision was mailed on 06/29/2022. If you disagree with this decision, you may appeal. If you wish to file an appeal, you must do so on or before 07/14/2022.

Scenario 5: File an Appeal

Step 1: Select *File Appeal* → *File Appeal*

Welcome *Claimant Name* [Home](#) | [Log out](#)

[Unemployment Claim](#) [Weekly Claim](#) [Update Address](#) [Benefit Maintenance](#) [Inquiry](#) [Correspondences](#) [File Appeal](#) [Overpayment Waiver](#)

[ReEmployment Services](#) [View & Print 1099](#) [Provide PUA Proof of Earnings](#) [Upload Document for Work Search](#) [File Appeal](#) [Employment](#)

[PUA Identity Documents](#) [Online Interview](#)

You last logged in at 01/19/2023 03:45:56 PM

Quick Links

- ▶ Weekly Pay Status
- ▶ Apply for Unemployment
- ▶ File a Weekly Claim
- Update Payment Information
- ▶ (Debit Card/Direct Deposit)
- ▶ My Account Information
- ▶ View Claim Documents
- View/Print Claim Summary for Income Verification

[Claim Information](#) [Weekly Claim Status](#)

▶ You do not have an active claim.

News & Announcements

- ▶ **Beginning with the week ending May 28, 2022, part-time work will no longer be an option to use as a work search activity. This means, when you file your weekly claim on Sunday, May 29 or after, working part-time will not be a work search activity option.**

Step 2: Select the decision to be appealed → Select *Next*

APP-003

List of Decisions
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Name*

Claims Adjudicator Decision(s)

Select *	Decision	Issue Description - Issue Details	Employer Name	Decision Mail Date	Appeal Status
<input type="radio"/>	Denied	Work Search - Failure to Seek Work	N/A	05/13/2022	Not Appealed
<input type="radio"/>	Denied	Work Search - Failure to Seek Work	N/A	03/30/2022	Not Appealed
<input type="radio"/>	Allowed	Claim Registration - Backdate Request	N/A	03/10/2022	Not Appealed
<input type="radio"/>	Denied	Work Search - Failure to Seek Work	N/A	03/07/2022	Not Appealed
<input type="radio"/>	Allowed	Work Search - Warning	N/A	02/14/2022	Not Appealed
<input type="radio"/>	Allowed	Lack of Work / Laid Off - Emergency (COVID19)	MAINE STREET	02/08/2022	Not Appealed

<Back Next>

Appeal status must say "Not Appealed" to proceed. A decision with Appeal Status "Appealed" cannot be appealed again until the current appeal is resolved.

Step 3: Complete required fields → Select *Submit*

Maine.gov Agencies | Online Services | Help | Search Maine.gov

REEMPLOY ME
Unemployment System Alliance Partner

MAINE
DEPARTMENT OF
LABOR
Bureau of Unemployment Compensation

Home | Log out

Unemployment Claim | Weekly Claim | Update Address | Benefit Maintenance | Inquiry | Correspondences | File Appeal | ReEmployment Services

View & Print 1099 | Provide PUA Proof of Earnings | Provide PUA Proof of Employment | MEUC Application | Identity Verification with ID.me | PUA Identity Documents

APP-011

File Appeal Information

* Required Information

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Name</i>
MDOL SEIN	<i>Employer SEIN</i>	Employer Name	<i>Employer Name</i>
Issue Description	<i>Issue Description</i>	Decision Mail Date	<i>Decision Mail Date</i>
Issue Details	<i>Issue Details</i>	Decision Detail	<i>Denied</i>


1. * Appeal Filed Date / /

2. * Reason for Appeal
(Must not exceed 1000 characters)

3. * Interpreter Required
a. If Yes, Select the Language
i. If Other, enter language

Yes No

-Select-



Step 4: The “File Appeal Confirmation” screen displays → Record docket number for future reference
→ Select *Home*

The screenshot shows the 'File Appeal Information' page on the Maine.gov website. At the top, there is a navigation bar with 'Maine.gov' and links for 'Agencies', 'Online Services', 'Help', and 'Search Maine.gov'. Below this is the 'REEMPLOY ME' logo with the tagline 'Unemployment System Alliance Partner' and the 'MAINE DEPARTMENT OF LABOR' logo with the tagline 'Bureau of Unemployment Compensation'. A 'Welcome' message is on the left, and 'Home' and 'Log out' links are on the right. A horizontal menu contains various service options: 'Unemployment Claims', 'Weekly Claim', 'Update Address', 'Benefit Maintenance', 'Inquiry', 'Correspondences', 'File Appeal', 'ReEmployment Services', 'View & Print 1099', 'Provide PUA Proof of Earnings', 'Provide PUA Proof of Employment', 'HEUC Application', 'Identity Verification with ID.me', and 'PUA Identity Documents'. The main heading is 'File Appeal Information'. Below this, there are labels for 'Claimant SSN' (MDOL SEIN) and 'Claimant Name' (Employer Name), and corresponding labels for 'Claimant SSN' (Employer SEIN) and 'Claimant Name' (Employer Name). The text states: 'The docket number for this appeal is *Docket Number*'. It then says: 'The appeal has been submitted and will be scheduled for a hearing with an Administrative Hearing Officer. A notation with the date and time of the hearing will be mailed to you at the following address:'. Below this, it instructs: 'To modify this address, go to the Maintenance menu and select Update Contact Details.' and 'If you remain unemployed, you should continue to file your weekly certification until you receive a decision on your appeal. To print and save this screen for your records, select [Print](#).' A large blue arrow points down to a 'Home' button in the bottom right corner.

Scenario 6: View/Print Outgoing System Correspondence

Step 1: Select Correspondences → Select Claimant Correspondence → Select Benefits

The screenshot shows the REEMPLOY ME website interface. At the top, there are logos for 'REEMPLOY ME Unemployment System Alliance Partner' and 'MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation'. Below the logos, there is a navigation bar with various menu items. The 'Correspondences' menu is highlighted with a red box, and its sub-menu 'Benefits' is also highlighted with a red box. A blue arrow points from the 'Benefits' menu item to a 'News & Announcements' box on the right side of the page. The 'News & Announcements' box contains a red text announcement: 'Beginning with the week ending May 28, 2022, part-time work will no longer be an option to use as a work search activity. This means, when you file your weekly claim on Sunday, May 29 or after, working part-time will not be a work search activity option.'

Step 2: Select the appropriate year → Select Search

The screenshot shows the 'Claimant Correspondences' search page. At the top, there is a navigation bar with various menu items. The 'Correspondences' menu is highlighted with a red box. Below the navigation bar, there is a search form with a 'Year' dropdown menu set to '2020' and a 'Search' button. A blue arrow points from the 'Search' button to the right. The page number 'NMON-504' is visible in the top right corner. A 'Home' button is located at the bottom right of the page.

Step 3: A list of correspondences displays → Select the hyperlink for the desired document

Note: A pdf of the selected document will display in a separate screen. Once reviewed exit out of the document → Select *Home*

Unemployment Claim | Weekly Claim | Update Address | Benefit Maintenance | Inquiry | **Correspondences** | File Appeal | ReEmployment Services

View & Print 1099 | Provide PUA Proof of Earnings | Provide PUA Proof of Employment | MEUC Application | Identity Verification with ID.me | PUA Identity Documents

Online Interview

NMON-504

Claimant Correspondences

Year: 2020

(No of Records: 1 - 8 of 8, Page: 1 of 1)

Correspondence Type	Correspondence Date
PUA Allow Decision Letter	08/31/2020
First Time Payment Correspondence	08/03/2020
MONETARY DETERMINATION	07/22/2020
Notice of appointment to Claimant	05/29/2020
Non-mon Decison Letter	05/12/2020
Non-mon Decison Letter	05/06/2020
Non-mon Decison Letter	05/05/2020
MONETARY DETERMINATION	04/28/2020

(No of Records: 1 - 8 of 8, Page: 1 of 1)

Section 5: TRA Application - Self-Service Mode for Claimant

Step 1: Claimant will select *Unemployment Claim* → *TRA Claim Application*

Welcome *Claimant Name* Home | Log out

[Unemployment Claim](#) | [Weekly Claim](#) | [Update Address](#) | [Benefit Maintenance](#) | [Inquiry](#) | [Correspondences](#) | [File Appeal](#) | [Overpayment Waiver](#)

[File Unemployment Claim](#) | [View & Print 1099](#) | [Provide PUA Proof of Earnings](#) | [Upload Document for Work Search Audit](#) | [Provide PUA Proof of Employment](#)

[TRA Claim Application](#) | [Online Interview](#)

9/2023 11:23:15 AM

Quick Links

- ▶ Weekly Pay Status
- ▶ Apply for Unemployment
- ▶ File a Weekly Claim
- ▶ Update Payment Information (Debit Card/Direct Deposit)
- ▶ My Account Information
- ▶ View Claim Documents
- ▶ View/Print Claim Summary for Income Verification

Claim Information | **Weekly Claim Status**

▶ You do not have an active claim.

News & Announcements

- ▶ **Beginning with the week ending May 28, 2022, part-time work will no longer be an option to use as a work search activity. This means, when you file your weekly claim on Sunday, May 29 or after, working part-time will not be a work search activity option.**

Step 2: Claimant selects employer → Selects *Next*

Select Petition
* Required Information

Select	Employer Name	Location	Petition Number	Status	ATAA Certified
<input checked="" type="radio"/>		Freeport, Maine		APPR	Yes

<Back | Next>

Step 3: Claimant enters required fields → Selects *Next*



TRA-012


TRA Claim Application

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*
Petition Number *TRAW1234* Employer Name *L L BEAN INC*
Petition State *Maine*

Claim Information

- * Employment Start Date 06 / 15 / 2018  ←
- * Employment End Date 07 / 01 / 2022 
- * Reason for Separation Lack of work / Laid off ▾
- * Job Title Clerk
- * Job Location Freeport
- * Do you have a good prospect of returning to work within the next 4 weeks? Yes No


<Back Next>

Step 4: Claimant enters last 4 of their SSN → Selects *Submit*

TRA-650

Benefit Rights Information


* Required Information

You must read the Unemployment Insurance Benefit Rights Information (BRI) before your claim can be processed. To save/print this information, select [TRA BENEFIT RIGHTS INFORMATION](#).

Individuals filing for Trade Readjustment Assistance (TRA) must meet the following criteria:

- Be covered by a certification.
- Be totally separated from employment, due to lack of work in adversely affected employment, on or after the impact date and before the ending date of the certification.
- Have worked at least 26 weeks at wages of \$30 or more a week in adversely affected employment with a single firm or subdivision in the 52-week period ending the week of separation.
- Have been entitled to and have exhausted all rights to unemployment

→ * Enter the last four digits of your Social Security Number as your electronic signature to acknowledge that you have read the BRI information.


<Back Submit

Step 5: The following document is displayed when the [TRA BENEFITS RIGHTS INFORMATION](#) hyperlink is selected (see *step 4*)

Individuals filing for Trade Readjustment Assistance (TRA) must meet the following criteria:

- ◆ Be covered by a certification.
- ◆ Be totally separated from employment, due to lack of work in adversely affected employment, on or after the impact date and before the ending date of the certification.
- ◆ Have worked at least 26 weeks at wages of \$30 or more a week in adversely affected employment with a single firm or subdivision in the 52-week period ending the week of separation.
- ◆ Have been entitled to and have exhausted all rights to unemployment benefits.
- ◆ Be enrolled in or have completed an approved training program, unless the training requirement is waived by the designated State agency.

If you are waived from training you must apply in person for a job at 2 or more places each week and submit a record of these contacts upon monthly waiver review and update.

You must register with the WIN Job Center and satisfy the TAA training requirements.

You are not entitled to TRA benefits during any week in which you receive on-the-job training.

TRA benefits will be reduced by any earnings or other income you receive in the same way that such earnings and income would have reduced your weekly unemployment benefits. TRA will also be reduced by the amount of any other Federal training allowance you are entitled to for the same week.

The first week TRA benefits can be paid must begin more than 60 days after the filing date of the TRA petition.

Based on the Trade Act of 2002, you must enroll in training within 16 weeks after separation from adversely affected employment or within 8 weeks after the date of certification. To receive additional TRA benefits, you must apply for training within 210 days after the date of certification or after the date of the worker's total or partial separation from the affected employer.

If you receive a waiver, you must look for work each week in person and report on the form given you, the name and address of the companies where you looked for work; the name or position of the person you talked with; the date you contacted them; the type of work you applied for; and what they told you regarding your getting a job. If you do not look for work during a week, even if you are sick, and file a claim for that week, you will be disqualified until you return to work and earn at least eight times your weekly benefit amount and work in at least eight weeks.

If you do not have a good chance of finding work in your regular occupation, you will be expected to accept any work offered to you that you can do and that pays more than your weekly benefit amount and not less than the State or Federal minimum wage. If you refuse this job offer, you will be disqualified until you return to work and earn eight times your weekly benefit amount and work at least eight weeks.

Step 6: Confirmation screen appears

File TRA Claim Confirmation

SUC-002

The TRA Claim has been filed successfully.

[Home](#)

Appendices

Self-Employment Questionnaire

CIN-840

Self Employment Questionnaire
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

To be eligible for Unemployment Insurance benefits, you must be able and available to seek and accept full time work.

1. * What are your self-employment activities?
(Max 1000 Characters)

2. * When are these activities performed?
(Max 1000 Characters)

3. * Is work in self-employment your primary objective? Yes No

4. * How many hours do you devote to your self-employment activities during a week?

5. * Did you maintain a full-time job with another employer while engaging in self-employment? Yes No

6. * Are you actively seeking work as an employee for another employer? Yes No

7. * Are you still self-employed? Yes No

If No, provide the following detail

a. Date you stopped your self-employment: MM / DD / YYYY

b. Reason you are no longer self employed:
(Max 1000 Characters)

c. Do you plan on returning to self-employment? Yes No

i. If Yes, When? MM / DD / YYYY

8. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Corporate Officer Questionnaire
(Part 1 of 2)

CIN-832

Corporate Officer Questionnaire

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

- 1. * Business Name:
- 2. * Business Address:
 - a. Address Line 1
 - b. Address Line 2
 - c. City
 - d. State
 - e. Zip
 - f. Telephone number
- 3. * What is your title or position?
- 4. * What job did you perform for the company (e.g. manager, sales, etc.)
- 5. * What was the last day that you performed work for the company? / /
- 6. * What is the reason for your unemployment at this time?
(Max 1000 Characters)

- 7. * Is this company currently active and operating? Yes No

If Yes, provide the following details:

- a. How many employees are currently working and performing services?

- b. What job functions are these employees performing?
(Max 1000 Characters)

- c. Are you capable of performing any of these job functions? Yes No

- i. If Yes, why aren't you performing any of these job duties for which you are qualified?
(Max 1000 Characters)

Corporate Officer Questionnaire (Part 2 of 2)

8. * Are you continuing to perform services for the corporation? Yes No

If Yes, provide the following details:

a. What specific services do you perform?
(Max 1000 Characters)

b. How many hours per week are you performing these services for the company?

c. Are you receiving payment for these services? Yes No

i. If Yes, please indicate the amount of pay you are receiving: (\$/Frequency) \$ /

1. If Other, specify:
(Max 1000 Characters)

9. * Are you currently seeking work for the company? Yes No

a. If Yes, how many hours per week do you currently spend seeking work for the company?

10. * Are you available for and actively seeking other work outside the corporation? Yes No

a. If No, why?
(Max 1000 Characters)

11. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

12. * Are you the owner of another company? Yes No

Commission Sales Questionnaires

CIN-831

Commission Sales Questionnaire
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

1. * What type of commission sales are you currently performing?
(Max 1000 Characters)

2. * How many hours during the week do you devote to your commission sales activities?

3. * When are your commissions from your sales paid to you?

4. * Are you actively seeking and willing to accept employment on a regular basis with another employer? Yes No

5. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Professional Athlete Questionnaire

CIN-841

Professional Athlete Questionnaire

* Required Information

Claimant SSN *Claimant SSN*

Claimant Name *Claimant Full Name*

Employer Name *Employer Name*

1. * Name of Employer/Sports Team:
(Must not exceed 100 characters)

2. * Type of Sport:

3. * What was the last day you performed services for the team?

 MM / DD / YYYY

4. * What position did you hold with the organization?

5. * What was the official start date of the most recent season?

 MM / DD / YYYY

6. * When did the most recent season officially end?

 MM / DD / YYYY

7. * What is the official start date of the next season?

 MM / DD / YYYY

8. * Did you perform services as a professional in this most recent season?

Yes No

9. * Were you employed under a contract?

Yes No

- a. If Yes, is the contract still in effect?

Yes No

- b. If Yes, what is the contract expiration date:

 MM / DD / YYYY

10. * Do you have a contract or written assurance that you will perform services in next sports season for this or any other professional sports organization?

Yes No

- a. If Yes, date you were given assurance:

 MM / DD / YYYY

- b. If you do not have a contract at this time for next season, have you offered to work during the next season and has an employer expressed an interest in hiring you?

Yes No

11. * Are you preparing to participate in the next season or do you intend to participate in the next season?

Yes No

12. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Cancel

Finish Later

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Attending School/Training Questionnaire

(Part 1 of 3)

CIV 855

Attending School/Training Questionnaire

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

1. * Name of school:
(Must not exceed 100 characters)
2. Address of school:
 - a. Address Line 1
 - b. Address Line 2
 - c. City
 - d. State
 - e. Zip
3. * Course of Study:
(Max 1000 Characters)
4. * Beginning date of school/training: / /
5. * Ending date of school/training: / /
6. What days and hours do you attend class?
(Max 1000 Characters)
7. * Number of hours per day/week of outside classroom homework?
8. * What is your usual occupation?
 - a. How long (in years) have you worked in this occupation?
 - b. What is the reason for ceasing to work in this occupation?
(Max 1000 Characters)
 - c. Other work experience:
(Max 1000 Characters)
- d. Are you currently working? Yes No
- e. Most recent employer name:
(Must not exceed 100 characters)

Attending School/Training Questionnaire (Part 2 of 3)

f. Reason for separation from most recent employment:
(Max 1000 Characters)

9. * Are you willing to work around your school/training classes? Yes No

If Yes, provide the following information

a. What type of work are you seeking?
(Max 1000 Characters)

b. Customary hours of the above:
(Max 1000 Characters)

c. What days and hours are you willing to work?
(Max 1000 Characters)

10. * Are you working towards a certificate or degree? Yes No

a. If Yes, please list the type of certificate or degree:
(Max 1000 Characters)

11. * Are you taking on-line classes only, no set schedule? Yes No

12. Provide details of any previously attained postsecondary educational degrees (degree and date received):
(Max 1000 Characters)

13. * Are you asking for a training waiver to repeat classes for which you previously requested a training waiver? Yes No

a. If Yes, provide the number of prior training waivers received

14. * Have you changed your major or degree program in the past 3 years? Yes No

15. * Are you willing to discontinue schooling/training for full-time work? Yes No

16. * Are you willing to change your school schedule if a job interfered with your school schedule? Yes No

a. If Yes, will your school allow you to change your schedule once classes have begun? Yes No

Attending School/Training Questionnaire (Part 3 of 3)

17. * Have you previously worked full-time while enrolled in this training program? Yes No

If Yes, provide the following information

a. Type of work performed:
(Must not exceed 100 characters)

b. Work Schedule:
(Max 1000 Characters)

c. School Schedule:
(Max 1000 Characters)

18. * Does your training program interfere with your ability to work full-time. Yes No

19. * Has your end date to complete this training program changed since you began this program? Yes No

a. If Yes, reason for change in end date of training program:
(Max 1000 Characters)

20. * Are you currently on a semester break? Yes No

If Yes, provide the following information

a. Semester break start date: / /

b. Semester break end date: / /

21. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Medical Questionnaire

CIN-837

Medical Questionnaire

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

1. * What is the nature of the illness or injury that limits your ability to work?

(Must not exceed 200 characters)

2. * When did you become unable to work or limited in your work capacity?

MM / DD / YYYY

3. * Did you see a physician?

Yes No

If Yes, you must submit the doctor's report that was or will be mailed to you. You have 14 days in which to return the report. If the report is not returned within 14 days, you may be denied benefits.

4. * Are you able to resume working?

Yes No

a. If Yes, the date you were able to resume work.

MM / DD / YYYY

b. Were you released for:

-Select-

i. If Part-time, how many hours are you able to work per week:

5. What restrictions, if any, has your doctor placed on you?

(Max 1000 Characters)

6. * How many hours per week did you previously work?

7. * What is your regular occupation?

8. * Are you able to work in that occupation?

Yes No

a. If No, are you able to do some other type of work?

Yes No

i. If Yes, what type of work can you do?

(Max 1000 Characters)

9. Enter any additional information you feel may be necessary.

(Max 1000 Characters)

Cancel

Finish Later

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Child Care Questionnaire

CIN-830

Child Care Questionnaire
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

To be eligible for Unemployment Insurance benefits, you must be able and available to seek and accept full-time work. If you are unable to seek and accept full-time work due to your inability to arrange child care, your benefits may be denied.

1. * Can you arrange child care in order to seek and accept full-time work? Yes No

2. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Illness of Immediate Family Member Questionnaire

CIN-838

Illness/Injury to Immediate Family Member Questionnaire
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

1. * Nature of illness

2. * The family member is your

 a. If Other, provide the relationship

3. * Beginning date of the illness/injury / /

4. * Has the period of time for caring for the ill/injured family member ended?
 a. If Yes, indicate the date you were able to resume work: Yes No
 / /

5. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Out of the Area Questionnaire

CIN-839

Out of Area Questionnaire
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

- * What was the purpose of the travel?
(Max 1000 Characters)
- * What was the travel destination?
- * Departure date
MM / DD / YYYY
- * When did you / will you return?
MM / DD / YYYY
- Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Transportation Questionnaire

CIN-856

Transportation Questionnaire
* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

To be eligible for Unemployment Insurance benefits, you must be able and available to seek and accept full time work. If you are unable to seek and accept full-time work due to your inability to arrange transportation, your benefits may be denied.

1. * Can you arrange transportation (for example, public transport or carpool) to seek and accept full time work? Yes No

2. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

General Able and Available Questionnaire (Other Able and Available)

CIN-835

General Able and Available Questionnaire

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*

1. * What is your regular occupation?

2. * Reason that you are not available for work or the reason that you cannot work the same number of hours previously worked:
(Max 1000 Characters)

3. * Date you became unavailable for work or the date that you could no longer work the same number of hours previously worked:

 / /

4. If you are now available to accept work or are now available to work the same number of hours you previously worked, what date did you become available?

 / /

5. * Are you looking for work?

Yes No

a. If No, why not?

(Max 1000 Characters)

6. * If offered work, can you make arrangements in order to go to work?

Yes No

7. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

Cancel

Finish Later

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Bonus Pay Questionnaire

CIN-859

Bonus Pay Questionnaire

* Required Information

Claimant SSN *Claimant SSN*
Employer Name *Employer Name*

Claimant Name *Claimant Full Name*

1. * Employer Name

Employer Name

Search

2. * Employer Address

a. Address Line 1

Employer Address

b. Address Line 2

c. City

d. State

e. Zip Code

3. * Employer Telephone

4. * Were you paid bonus pay from this employer since the date you separated or will any bonus pay be paid to you?

Yes No

If Yes, provide the following details:

a. Gross amount received or entitled to receive

\$

b. Payment date

MM / DD / YYYY

c. Reason for Bonus

5. How many hours per day did you normally work for this employer?

6. How many days per week did you normally work for this employer?

7. What was your rate of pay with the employer?

\$ / -Select-

a. If Other, specify:
(Max 1000 Characters)

8. What was your normal pay cycle with the employer?

-Select-

a. If Other, specify:
(Max 1000 Characters)

9. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

10. * Did you receive bonus pay from any other employer for the week?

Yes No

Cancel

Finish Later

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Remuneration Pay – Other Questionnaire

(Part 1 of 2)

CIN-860

Remuneration Pay - Other Questionnaire

* Required Information

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Full Name</i>
Employer Name	<i>Employer Name</i>		

1. * Employer Name

2. * Employer Address

a. Address Line 1

b. Address Line 2

c. City

d. State

e. Zip Code

3. * Employer Telephone - -

4. * During your current period of unemployment, have you received or will you receive any remuneration pay (Terminal Pay, Severance Pay, Dismissal Wages, Wages in Lieu of Notice, Vacation Pay or Holiday Pay) from this employer? Yes No

5. What was the last day you physically worked for this employer? / /

6. How many hours per day did you normally work for this employer?

7. How many days per week did you normally work for this employer?

8. What was your normal rate of pay with the employer?

a. If Other, specify

9. What was your normal pay cycle with the employer?

a. If Other, specify

10. Select all the remuneration types that you are receiving:

Dismissal Wages or Severance or Terminal pay

Holiday Pay

Vacation Pay

Wages in lieu of notice

a. If Dismissal Wages, Severance Pay or Terminal Pay details, Provide the gross amount(s) and payment date(s):
(Must not exceed 2000 characters)

b. If Holiday Pay, Provide the gross amount(s), payments date(s) and holiday covered by the pay:
(Must not exceed 2000 characters)

Remuneration Pay – Other Questionnaire (Part 2 of 2)

c. If Vacation Pay, Provide the gross amount(s) and payment date(s):
(Must not exceed 2000 characters)

d. If Wages in lieu of notice, Provide the gross amount(s) and payment date(s):
(Must not exceed 2000 characters)

11. Enter any additional information you feel may be necessary
(Max 1000 Characters)

12. * Did you receive dismissal wages or severance or terminal pay, holiday pay, vacation pay and wages in lieu of notice from any other employer for the week? Yes No

Cancel

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Voluntary Quit – Illness/Injury Questionnaire (Part 1 of 2)

CIN-950

Quit - Illness/Injury Questionnaire
* Required Information

Claimant SSN	<i>Claimant SSN</i>	Claimant Name	<i>Claimant Full Name</i>
Employer Name	<i>Employer Name</i>		

1. * What date did you start working for this employer? / /

2. * What was the last day you physically worked? / /

3. What was your date of separation (if different from your last day of work)? MM / DD / YYYY

4. * Job title:

5. * Was the separation caused by illness, disability, or injury to yourself or a family member? Yes No

a. If Yes:

i. If Family Member, the family member is your:

1. If Other, provide the relationship

ii. If Self, did your Illness/disability/injury occur:

1. If On the job, what are the circumstances under which the illness/injury occurred?
(Max 1000 Characters)

2. If On the job, did you file for workers' compensation? Yes No

6. * Nature of the illness, disability or injury:
(Max 1000 Characters)

7. * Did you notify your employer immediately of the reason for your absence? Yes No

a. If Yes, what is the date you notified your employer? MM / DD / YYYY

b. If Yes, whom did you contact?

c. If you did not notify your employer, please explain:
(Max 1000 Characters)

8. * Did you see a physician? Yes No

a. If Yes, What restrictions if any, has the doctor place on you?
(Max 1000 Characters)

Voluntary Quit – Illness/Injury Questionnaire (Part 2 of 2)

If Yes, you must submit the doctor's report that was or will be mailed to you. You have 14 days in which to return the report. If the report is not returned within 14 days, you may be denied benefits.

9. * Did you request time off, change/reduction in hours or shift change to accommodate your condition? Yes No

a. If No, Why not?
(Max 1000 Characters)

b. If Yes, What was the employer's response?
(Max 1000 Characters)

10. * Are you able to resume work? Yes No

a. If Yes, Date you were able to resume working?
MM / DD / YYYY

11. * Number of hours per week that you are able and available to work:

12. Enter any additional information you feel may be necessary.
(Max 1000 Characters)

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This is just one example of a “Voluntary Quit Questionnaire”. Questionnaires will vary depending on the reason someone quit their job.

Discharge – General Discharge Questionnaire (Part 1 of 2)

CIN-843

Discharge - General Discharge Questionnaire

* Required Information

Claimant SSN *Claimant SSN* Claimant Name *Claimant Full Name*
Employer Name *Employer Name*

1. * When did you start working for this employer?

/ /

2. * What was your last physical date of work?

/ /

3. * When were you fired/discharged?

MM / DD / YYYY

4. * Job title:

5. * Was your discharge due to absenteeism/tardiness?

Yes No

If Yes, please provide the following details

a. Date of most recent absence/tardiness?

MM / DD / YYYY

b. What was the reason for the most recent absence/tardiness?
(Max 1000 Characters)

c. Please provide the dates and the reasons for each absence/tardiness.
(Max 1000 Characters)

d. Did you notify your employer when you were absent / tardy?

Yes No

i. If Yes, whom did you notify? (Name and Title)
(Must not exceed 100 characters)

ii. If No, Why didn't you notify your employer?
(Max 1000 Characters)

If No, please provide the following details

e. What was the reason for your discharge?
(Max 1000 Characters)

6. * Was there a specific incident that caused the discharge?

Yes No

If Yes, please provide the following details

a. When did the incident occur?

MM / DD / YYYY

b. Describe the incident.
(Max 1000 Characters)

Discharge – General Discharge Questionnaire (Part 2 of 2)

7. * Were you issued any warnings related to the reason for your discharge? Yes No

If Yes, provide the following details of the last warning

a. Date of Warning / /

b. Type of Warning

c. Content of Warning
(Max 1000 Characters)

d. Name and title of the person who issued the warning
(Max 1000 Characters)

e. What action did you take to improve after the warning was given:
(Max 1000 Characters)

8. * Were there additional warnings related to the reason for your discharge prior to the last one described above? Yes No

a. If Yes, provide date(s), type(s), content, name and title of the person who issued the warning(s), and your actions to improve.
(Must not exceed 2000 characters)

9. * Was there a company policy / rule related to the reason for discharge? Yes No

If Yes, provide the following information

a. What was the company policy/rule related to the reason for discharge?
(Max 1000 Characters)

b. How were you informed of the company policy/rule?

10. Enter any additional information you feel may be necessary.
(Max 1000 Characters)