

How to File an Interstate Claim

1. Complete the interstate claim package found on www.vidol.gov/dua.php
2. Mail the completed forms and copies of support documents to the:

Virgin Islands Department of Labor
PO Box 303159 –Charlotte Amalie
St. Thomas, VI 00803-3159
ATTN: Interstate Coordinator

3. Send any questions about your interstate claim to interstate@vidol.gov or call 340-776-3700 for additional information.



CHECK LIST FOR FILING UNEMPLOYMENT BENEFITS

Have the following items ready before applying:

Application

Last employer Job letter (lay-off/discharged or resignation letter if you quit)

DD214 copy 4 (US Armed Force)

SF 8 / SF 50 (If employed in Federal Civilian service)

Last pay stub from current job (Also, if you received or will receive separation pay, such as, vacation, severance, holiday pay etc., you will need to submit a copy of your paystubs)

Social security card (If you've lost it, call the Social Security office or apply online and get a new card)

Valid Identification Card

Alien Card (If non-citizen: bring your alien registration/green card or other documents issued by the Immigration and Naturalization Service or any documents that show your immigration status)

Pension (If you are collecting a pension other than Social Security, you will need to submit the pension statement.

Résumé

The following will be provided by our agency for completion:

V.I. Electronic Workforce System (VIEWS) Username

Signed Acknowledgement of Receipt - Claimant (BRI) Handbook

Collecting U.I Benefits while working (initials)

Tax withholding

Direct Deposit Agreement form

INTERNAL OFFICE ONLY

DOL Representative Initial's: _____

Claimant appointment date: _____

Please stamp today's date: _____



APPLICATION FORM

LAST NAME:		FIRST NAME:	
SOCIAL SECURITY #:		Today's Date:	
Address:	Street:		Zip:
	City/State:		
Mailing Address:	Street:		Zip:
	City/State:		
Day Phone: ()		Alternate Phone: ()	
E-Mail Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Are you registered for Selective Service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
RACE:		ETHNICITY:	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Other	
		<input type="checkbox"/> Hispanic or Latino	
		<input type="checkbox"/> Not Hispanic or Latino	
		<input type="checkbox"/> Decline to Answer	
EDUCATION STATUS: Highest grade completed:			
		<input type="checkbox"/> Still in School	<input type="checkbox"/> GED
		<input type="checkbox"/> Did not complete H/S	<input type="checkbox"/> H/S Diploma
		<input type="checkbox"/> Some College	
		<input type="checkbox"/> Completed College	
Degrees, licenses or credentials you hold:			
EMPLOYMENT STATUS: Are you currently working?: _____			
If no, what kind of work are you looking for? Or main occupation?			
CITIZENSHIP:			
Are you US Citizen/Naturalized?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in satisfactory immigration status?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enter your Alien Registration Number?		Expiration Date	
ADDITIONAL INFORMATION:			
Current or former Foster Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant/seasonal farm worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee / Asylee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person with a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-offender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Public Assistance <i>(GA, TANF, Food Stamps, RCA, SSI)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applied or receiving pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
VETERAN STATUS: <i>(check applicable)</i>			
Veteran status: <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Other eligible (Spouse of 100% disable veteran)			
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy Service dates: _____			
Branch of Service: <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard Service Dates: _____			
Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Honorable w/Condition <input type="checkbox"/> Other Than Honorable			
<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Medical Service Condition			

WORK RECORD

Complete all items below for each job you have had during the past 24 months. Include all self-employment, part-time work, military service and employment with a government Agency. Include all employers, regardless of state, type of work performed or length of job. Starting with your most recent employer

1. Company:		Type of Work Performed:													
Address:		Reason for Separation:													
Telephone # (Include Area Code)		<input type="checkbox"/>	Laid off /Lack of Work		<input type="checkbox"/>	Retired		<input type="checkbox"/>	Leave of absence						
Dates Worked:		<input type="checkbox"/>	Reduced Hours		<input type="checkbox"/>	Resign/Quit		<input type="checkbox"/>	On Call						
From:		<input type="checkbox"/>	Fired / Discharged		<input type="checkbox"/>	Suspended		<input type="checkbox"/>	Labor Dispute						
To:		<input type="checkbox"/>	Contract ended		<input type="checkbox"/>	Terminated		<input type="checkbox"/>	Military Separation						
Hourly Wage: \$		<input type="checkbox"/>	FT		<input type="checkbox"/>	PT		Separation Pay:		<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	
2. Company:		Type of Work Performed:													
Address:		Reason for Separation:													
Telephone # (Include Area Code)		<input type="checkbox"/>	Laid off /Lack of Work		<input type="checkbox"/>	Retired		<input type="checkbox"/>	Leave of absence						
Dates Worked:		<input type="checkbox"/>	Reduced Hours		<input type="checkbox"/>	Resign/Quit		<input type="checkbox"/>	On Call						
From:		<input type="checkbox"/>	Fired / Discharged		<input type="checkbox"/>	Suspended		<input type="checkbox"/>	Labor Dispute						
To:		<input type="checkbox"/>	Contract/ Job ended		<input type="checkbox"/>	Terminated		<input type="checkbox"/>	Military Separation						
Hourly Wage: \$		<input type="checkbox"/>	FT		<input type="checkbox"/>	PT		Separation Pay:		<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	
3. Company:		Type of Work Performed:													
Address:		Reason for Separation:													
Telephone # (Include Area Code)		<input type="checkbox"/>	Laid off /Lack of Work		<input type="checkbox"/>	Retired		<input type="checkbox"/>	Leave of absence						
Dates Worked:		<input type="checkbox"/>	Reduced Hours		<input type="checkbox"/>	Resign/Quit		<input type="checkbox"/>	On Call						
From:		<input type="checkbox"/>	Fired / Discharged		<input type="checkbox"/>	Suspended		<input type="checkbox"/>	Labor Dispute						
To:		<input type="checkbox"/>	Contract/Job ended		<input type="checkbox"/>	Terminated		<input type="checkbox"/>	Military Separation						
Hourly Wage: \$		<input type="checkbox"/>	FT		<input type="checkbox"/>	PT		Separation Pay:		<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance Procedure; and 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature: _____

Date: _____

FOR UNEMPLOYMENT INSURANCE APPLICANTS ONLY

Do you expect to be recalled by the employer who just laid you off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the approximate recall date? _____		
Have you worked in any other state within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", enter, Date: _____ Paying State: _____		
Did you received unemployment within past 18 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you attending school / training or are you a corporate officer, partner, self employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving or have you applied for workers' compensation or disability benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked in any Military and/or Federal service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received or will you receive any vacation, severance, bonus or holiday pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe or are you required to make child support payments under court order or agreement with a Child Support?		
Enforcement Unit? If yes name Agency: _____ State: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you elect to have Federal Income Tax withheld from your benefit payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any reason that you cannot work right now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you worked since Sunday of this week, if so amount earned? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby register for work and claim unemployment benefits. I know that the law prescribes penalties for false statements made in connection with this claim. I CERTIFY under penalty or perjury that the statements made in connection with this claim are true to the best of my knowledge and belief. In accordance with the applicable provisions of the privacy act of 1974 (PL 93-579). I AUTHORIZE my former employer(s) to release all information requested in connection with your claim for unemployment compensation. I am furnishing my Social Security number as required by the Deficit Reduction Act (DEFRA) (PL 98-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies defined in DEFRA for the purpose of income and eligibility verification.

Signature: _____

Date: _____



DIVISION OF UNEMPLOYMENT INSURANCE

Acknowledgment of Receipt of Handbook/BRI Video Briefing

Today's Date	
Claimant Name	
Social Security	

I, hereby certify that I was given a Claimant Benefit Rights and Responsibilities Guide for Receiving UI Benefits handbook issued by the United States Virgin Islands Unemployment Insurance (UI) Division. I understand the this guide contains specific information about my Unemployment Insurance (UI) benefit rights and responsibilities, in compliance with the United States Virgin Islands Unemployment Insurance laws.

I, hereby certify that I will look at the Benefits Right Rights Interview Video located in the VIDOL's website www.vidol.gov (Unemployment Insurance). If I do not have a computer or internet at home, I will visit the VIDOL computer resource room to look at the video.

I understand that I must **READ THIS HANDBOOK COMPLETELY AND CAREFULLY and LOOK AT THE BRI VIDEO.** Failure to follow the instructions in this handbook/Video, to make timely inquiries when necessary, to report as directed, to file required documents in a timely manner, or to file claim forms as directed, may result in delay, denial or loss of your unemployment insurance (UI) benefits. I will not rely on advice from family, relatives or friends. If there are any questions or concerns regarding my claim, I will contact the United States Virgin Islands Department of Labor, Unemployment Insurance (UI) Division office.

CLAIMANT SIGNATURE



Collecting Unemployment Insurance Benefits While Working is a **CRIME!**

IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT REPORTING WAGES WAGES: WHAT ARE THEY, WHY DO I NEED TO REPORT THEM AND WHAT HAPPENS IF I DO NOT?

WAGES ARE ANY AND ALL INCOME RECEIVED FROM:

- ✓ Worked Performed
- ✓ Bonuses and Tips
- ✓ Back Pay Awards
- ✓ Part-Time Work
- ✓ International Work:
Canada/Abroad
- ✓ Commissions
- ✓ Holiday and/or Vacation Pay
- ✓ Seasonal Work
- ✓ Per Diem Work
- ✓ Cash Earnings

Gross wages must be reported during the week they were earned, not when you receive your pay. The term **gross wages** refers to the amount of money earned before taxes or any other deductions are taken out.

Once you begin full-time work, you are **not eligible** to continue receiving unemployment insurance benefits. Depending on when you start working, you may be eligible for partial unemployment insurance benefits. You are required to report earnings as of the first day you begin work, even if you do not receive your pay until a later date. If you do not have a pay stub or your work week is different from our Sunday to Saturday claim week, you will need to calculate your gross wages in order to report them when claiming your benefits.

WHY DO I NEED TO REPORT MY WAGES?

When claiming benefits, you must report any wages you may have earned for that week. Why? Your employer submits information about newly hired employees, including the first day of work, to the U.S. Virgin Islands, which in turn is passed on

to the Division of Unemployment Insurance. The Division performs a cross-match of new hire information against all claimants who certify for unemployment insurance benefits. The Benefit Payment Control Unit within the Division also compares the wages reported by you to those wages reported by your employer during the same time period and conflicting information is assigned to an investigator for resolution.

WHAT HAPPENS IF I DO NOT REPORT MY WAGES?

If you receive benefits to which you were not entitled, you will be responsible for repaying the benefits that you received. If you are found to have collected benefits **fraudulently**, you will incur interest and penalties and you will be disqualified from the receipt of unemployment insurance benefits for one year. In addition, you may be prosecuted criminally, face additional penalties and possible jail time.

PLEASE CONTACT THE DEPARTMENT OF LABOR, DIVISION OF UNEMPLOYMENT INSURANCE IF YOU HAVE ANY QUESTIONS ABOUT REPORTING WAGES

Dept. of Labor – UI Benefits (St. Croix) (340) 773-1994

Dept. of Labor – UI Benefits (St. Thomas) (340) 776-3700

I acknowledge that I have read and understand this statement and wish to file my Unemployment Claim at this time. _____ (Please initial)

No, I do not wish to file an Unemployment Claim at this time. _____ (Please initial)



VIRGIN ISLANDS DEPARTMENT OF LABOR

VOLUNTARY WITHHOLDING OF FEDERAL INCOME TAX

Unemployment Insurance benefits are fully taxable if you are required to file a tax return. Federal Tax is withheld at 10%.

A statement, Form 1099-G, will be furnished to you at the end of January stating the amount of benefits paid and withheld during the prior year. The same information will be transmitted to the Internal Revenue Branch (IRB).

The department is not responsible for refunding withheld taxes.

PLEASE DIRECT ALL QUESTIONS CONCERNING YOUR INCOME TAX LIABILITY TO THE INTERNAL REVENUE BRANCH.

PLEASE COMPLETE THE FORM BELOW TO DECLINE OR REQUEST WITHHOLDING OF FEDERAL INCOME TAXES.

SUBMIT THIS FORM TO THE ADDRESS BELOW:

Department of Labor
P.O. Box 303159
Charlotte Amalie St. Thomas VI 00803
FAX# (340) 715-5731

OR

Department of Labor
4401 Sion Farm
Christiansted, St. Croix 00820
FAX# (340) 773-1515

NAME (PLEASE PRINT): _____										
FIRST	MIDDLE INITIAL									LAST
ADDRESS _____										

SOCIAL SECURITY NUMBER										
<input type="checkbox"/> I do not wish to have Federal Income tax deducted from my unemployment insurance benefits.										
<input type="checkbox"/> I hereby authorize the Department of Labor to deduct and withhold federal income tax from my unemployment insurance benefits.										
_____						_____				
SIGNATURE						DATE				

ALLOW SEVEN WORKING DAYS FOR CHANGES TO TAKE EFFECT.

***PRIVACY ACT STATEMENT**

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a) 1, and s. 443.091(1) (h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552 a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

VIRGIN ISLAND DEPARTMENT OF LABOR
 Unemployment Insurance Division
ELIGIBILITY QUESTIONNAIRE

IMPORTANT NOTICE TO CLAIMANT:

It is necessary that you answer the questions on this form. The answers you give will be used to evaluate your eligibility for unemployment insurance benefits.

Your Name(print) _____ S. S. Number _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. What kind of work did you do on your last job? _____ | | |
| 2.a. What kind(s) of work are you seeking? _____ | | |
| b. Do you have experience in this field(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.a. Are you willing to work full time? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If no, indicate the maximum number of hours per week you are willing to work _____ | | |
| 4. Circle the days of the week you are willing to work:
Mon. Tue. Wed. Thu. Fri. Sat. Sun. | | |
| 5.a. Indicate the geographic areas where you are seeking work: _____ | | |
| b. What means of transportation do you have available to you? (personal car, bus, subway, etc.) _____ | | |
| 6.a. Indicate the rate of pay you received on your last job: \$ _____ per _____ | | |
| b. What is the minimum starting rate of pay you will accept? \$ _____ per _____ | | |
| 7.a. Can you start work immediately? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If no, please explain _____ | | |
| 8. Are you attending or planning to attend any school or taking any course of study or training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.a. Do you have any business or engage in any activity that brings in income or might result in future income? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If yes, explain: _____ | | |
| 10. While claiming benefits have you performed or are you performing any service for the business of a friend or relative, either with or without pay? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving or have you applied for workers' compensation or disability benefits? | <input type="checkbox"/> | <input type="checkbox"/> |

CONTINUE ON REVERSE SIDE

- | | YES | NO |
|---|--------------------------|--------------------------|
| 12a. Are you receiving or have you applied for any pension or social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If yes, do you limit yourself to the type of work, hours or days of work, or amount of earnings that you would accept because of the above benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you received or are you going to receive any vacation or holiday pay during your present period of unemployment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14a. Does your regular occupation require shift work? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If yes, what shifts will you work? _____ | | |

I HAVE ANSWERED THESE QUESTIONS FOR THE PURPOSE OF OBTAINING UNEMPLOYMENT INSURANCE BENEFITS, KNOWING THAT THE LAW PROVIDES PENALTIES FOR MAKING FALSE STATEMENTS. I UNDERSTAND THAT I MUST PROMPTLY REPORT ANY CHANGES IN THE INFORMATION GIVEN ON THIS REPORT.

DATE _____ SIGNATURE OF CLAIMANT _____

CLAIMS EXAMINER _____ DATE OF NEXT INTERVIEW _____

LOCAL OFFICE COMMENTS: _____

CONTINUED INTERSTATE CLAIM

1. CLAIMANT'S NAME (First, Middle, Initial, Last)	2. SOCIAL SECURITY NUMBER <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: none; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: none; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>				-			-				
			-			-						
3. MAILING ADDRESS: (No., Street, Route, P. O. Box, Apt. No.)	4. LIABLE STATE (Do Not Abbreviate)											
CITY COUNTY STATE ZIP CODE	5. <input type="checkbox"/> REGULAR <input type="checkbox"/> EB <input type="checkbox"/> OTHER _____											
6. TELEPHONE NO. (Include Area Code) ()	7. HAVE YOU MOVED SINCE YOU LAST FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No											
8. CLAIM FOR WEEK ENDING:												

9. Did you work or earn wages of any kind during the week claimed on this form (item #8)? Yes No
 If "Yes," complete the section below for each day you worked or earned wages.
SHOW GROSS EARNINGS BEFORE DEDUCTIONS

DATE	NO. OF HOURS WORKED	EMPLOYER'S NAME AND ADDRESS	GROSS DAILY PAY
			\$
			\$
			\$
			\$
			\$
			\$

10. Reasons for separation from any employment shown above: Lack of Work Still Working Other *

11. Do you receive Social Security (OAS): Yes No A Retirement Pension: Yes No If "Yes," enter amount below:
 An Educational Assistance Allowance: Yes No A Training Allowance: Yes No \$ _____

12. For the week(s) claimed above, did you receive income from one or more of the following sources? If "Yes," enter the amount(s) below: a. Earnings from self-employment \$ _____ b. Commission payments \$ _____ c. Wage in lieu of notice \$ _____ d. Dismissal or severance pay \$ _____ e. Vacation pay \$ _____ f. Holiday pay \$ _____ g. Tips and gratuities \$ _____ h. Board, or room, or both \$ _____ i. Worker's Compensation \$ _____	13. During the week(s) claimed above, were you: a. Able to work <input type="checkbox"/> Yes <input type="checkbox"/> No* b. Available for work <input type="checkbox"/> Yes <input type="checkbox"/> No* c. Offered any jobs you refused <input type="checkbox"/> Yes* <input type="checkbox"/> No d. In training/attending school <input type="checkbox"/> Yes* <input type="checkbox"/> No e. Working on a commission basis <input type="checkbox"/> Yes* <input type="checkbox"/> No f. Self-employed <input type="checkbox"/> Yes* <input type="checkbox"/> No g. Claiming benefits under any other Unemployment Insurance Law? <input type="checkbox"/> Yes* <input type="checkbox"/> No
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NOTE: For any amount entered in items 11 and 12, show in "Remarks" the source, period covered by payment and the Employer's name and address, if applicable.

14. Use L.O. stamp or enter L.O. address, phone, number, and I.D. number. <div style="text-align: center;"> Local Office 002 (340) 773-1440 P. O. Box 789 Christiansted, St. Croix, V. I. 00821-0789 </div> Itinerant Location _____	15. FOR USE OF LIABLE STATE
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* Claimstaker: Explain under "Remarks" on reverse.

16. During the week claimed in item 9 (front), list the employers, labor unions, and others you contacted to find work:					
Date	Places Contacted	Address and Telephone Number	Method of Contact	Type of Work Sought	Results
		()			
		()			
		()			
		()			
		()			
		()			

17. If you did not look for work, explain why:

18. If you have returned to work, enter: BEGINNING DATE: EMPLOYER NAME:

19. REMARKS: Give below any information regarding items requiring clarification:

20. I HEREBY register for work and claim unemployment benefits. I am unemployed, able to work, except as stated hereon. I have been informed that I must report as directed to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

CLAIMANT'S SIGNATURE: DATE:

CLAIMANT: DO NOT WRITE BELOW THIS LINE

21. CLAIMSTAKER: Was an eligibility review conducted at the time this claim was taken? Yes No

22. CLAIMSTAKER'S REMARKS:

23. CLAIMSTAKER'S SIGNATURE: DATE:

VIRGIN ISLANDS DEPARTMENT OF LABOR
INITIAL APPLICATION FOR
DISASTER UNEMPLOYMENT ASSISTANCE (DUA)

FOR OFFICE USE	
Local Office No.	Residence FIPS
FEMA No.	Date Filed
Last Day Worked	Announcement Date

Applicant's Name (Last, First, Middle)		Social Security No.	
Street Address			
City	State	Zip Code	County Name
Telephone No. ()	E-mail address	Date of Birth (Mo., Day, Yr.,)	

Are you a student? Yes No

Do you have a disability? Yes No Refused

Are you a U.S. Citizen? Yes No

If "No" Alien Registration No. _____

Sex Male Female

Ethnic Group (For Statistical Purposes Only). Indicate by selecting one of the following: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Choose not to answer	Race (For Statistical Purposes Only). Indicate by selecting one of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Choose not to answer
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A. SELF-EMPLOYED APPLICANTS (Complete this form and also Supplement to Application for DUA Self-Employed Individual)

If all income is from a business or farm that is incorporated you are not considered self-employed.

At the time of the disaster:

1. a. Were you self-employed? Yes No If "Yes", date self-employment began? _____
- b. If you were not self-employed, were you to begin self-employment? Yes No If yes, explain in "Remarks."

B. CORPORATE OFFICER APPLICANTS

1. Are you a corporate officer (including S Corporations) or an owner of a corporation? Yes No

C. EMPLOYED APPLICANTS

As a result of the disaster:

1. Was your place of employment closed? Yes No
 If "Yes", reason for closure _____
- _____
- Date Closed: _____ Date Reopened: _____
2. Were you unable to reach your place of employment? Yes No

D. ALL APPLICANTS

1. Were you injured as a result of the disaster? Yes No 2. Did you become the head of a household due to a death caused by the disaster? Yes No
 If yes, explain in "Remarks."
3. Was your employment seasonal? Yes No If "Yes", date season typically began: _____ Date season typically ended: _____
4. Were you to start a new job? Yes No If "Yes", date you were to begin work: _____
- Reason you could not start: Unable to reach job Business closed Other If Other, explain in "Remarks."
- Rate of pay you were to receive \$ _____ per _____ Number of hours per week you were to work _____
- Name and address of prospective employer
- _____
- _____
- _____ County Name: _____
- Telephone No. () _____

E. OTHER COMPENSATION

Have you applied for or will you receive:	Applied	Receiving	Monthly Amount	Period Covered (Mo., Day, Yr.) From To
Any state, federal or railroad UI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____	_____
Compensation for disability or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____	_____
Private income protection insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____	_____
Holiday or vacation pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____	_____
Pension or retirement benefits? (Not including Social Security)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____	_____

F. EMPLOYER (OR BUSINESS) NAME AT THE TIME OF THE DISASTER				
Street Address		Dates of Employment From _____ To _____		
City	State	Zip Code		
County Name		Telephone No. ()		
Occupation with this Employer		Next Date You Would Have Worked if Not for Disaster (Mo., Day, Yr.)		
G. APPLICANT EMPLOYMENT OR SELF-EMPLOYMENT DURING TAX YEAR <u>2016</u> (MOST RECENT TAX YEAR PRIOR TO DISASTER) **Self-employment: Include all net income from non-incorporated self-employment. Do not include income that is on Internal Revenue Service Form 4835 or Form 4797.				
1. Name and Address of Employer (Check if Self-Employment <input type="checkbox"/>)		Telephone No. ()	No. of Hours Worked Per Week	Weekly Wage
		Period Worked: From _____ To _____	Documentation	
		Total Earnings or Net Income from Self-Employment **		
2. Name and Address of Employer (Check if Self-Employment <input type="checkbox"/>)		Telephone No. ()	No. of Hours Worked Per Week	Weekly Wage
		Period Worked: From _____ To _____	Documentation	
		Total Earnings or Net Income from Self-Employment **		
3. Name and Address of Employer (Check if Self-Employment <input type="checkbox"/>)		Telephone No. ()	No. of Hours Worked Per Week	Weekly Wage
		Period Worked: From _____ To _____	Documentation	
		Total Earnings or Net Income from Self-Employment **		

H. CHECK LIST - Ssubmit the information below within 21 days to:

- Proof of self-employment earnings for the most recent tax year (**IRS Form 1040** with Schedule C, C-EZ, F, or SE if partnership or incorporated also include 1065 or 1120s with Schedule K1)
- Proof of wages immediately preceding the disaster (Last paystub prior to the disaster)
- Proof self-employed applicant's business was in operation the week prior to the disaster (Sales receipts, delivery notices, contracts, payment invoices, etc. NOTE: only one document is required)
- Documentation of court ordered garnishment, if applicable
- Documentation to substantiate employment or self-employment was to begin at the time of the disaster (Written notice from prospective employer, rental agreement, contracts, etc.)
- Medical documentation to substantiate that an injury was sustained during the disaster

I CERTIFY that all of the information I have given on this application and forms related to this application is correct to the best of my knowledge and belief and that I have supplied this information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE (DUA). I understand that Federal funds are provided and that under 18 U.S.C. 1001 I may be subject to prosecution for willfully concealing material facts or knowingly making a false statement to obtain DUA to which I am not entitled. I am furnishing my Social Security Number as required under 26 U.S.C. 6109(d) for purposes of reporting DUA as federal taxable income and for determining my entitlement to DUA. I UNDERSTAND, in accordance with 20 CFR 625.16(b), that information concerning my DUA application may be disclosed only as is allowed with respect to regular compensation under state law and to the U.S. Department of Labor.

Signature of Applicant _____ Date _____

Signature of Agency Official _____ Date _____

**DISASTER UNEMPLOYMENT ASSISTANCE (DUA) FACT-FINDING QUESTIONNAIRE
VIRGIN ISLANDS DEPARTMENT OF LABOR**

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

Please complete all items. Failure to complete all items may delay processing of your claim.

1. Please provide a telephone number and e-mail address where you can be reached in case we need to contact you to clarify your answers.

Home Telephone No.: () _____ - _____ Work Telephone No.: () _____ - _____

Temporary telephone number due to the disaster: () _____ - _____

E-mail address: _____

2. Was your unemployment a direct result of the disaster? Yes No

3. State the specific cause of unemployment. _____

4. a. Did you contact your employer to see if work is available for you? Yes No

b. If yes, what date(s) did you contact your employer? _____

5. a. On what dates was work available? _____

- b. Did you accept all work available to you? Yes No

c. If no, why not? _____

6. a. If work was available with your employer, did you stay home from work **solely** to attend to the disaster-related damage to your home? Yes No

b. If yes, what dates? _____

7. a. Was your primary means of transportation to work available? Yes No

If no, state why and the dates it was unavailable. _____

- b. Were alternate means of transportation available? Yes No

If yes, did you use those alternate means of transportation? Yes No

If no, state why. _____

- c. If you do not have transportation, is it because you left the area to stay somewhere other than an evacuation center? Yes No

8. a. Were/Are the roads you use to go to work open? Yes No

If no, state which roads were closed and the dates they were closed. _____

- b. Were alternate routes to go to work available? Yes No

- c. If yes, did you use the alternate routes? Yes No

If no, state why. _____

9. a. Did you or will you receive payment for any period after your last day of work? Yes No
b. If yes, what does this payment represent (sick, holiday, vacation, etc.) and who is this payment from? _____

c. List the days you are being paid for and the gross amounts.

Date(s) _____	Paid _____	Date(s) _____	Paid _____
Date(s) _____	Paid _____	Date(s) _____	Paid _____
Date(s) _____	Paid _____	Date(s) _____	Paid _____
Date(s) _____	Paid _____	Date(s) _____	Paid _____

10. Are you receiving a pension or other retirement pay, not including Social Security? Yes No
If yes, what type of payment are you receiving and what is the amount? _____

11. Was your employment your primary source of earned income? Yes No
Examples of primary income sources are Social Security, pension, alimony, other work or business.
If your employment was not your primary source of income, explain. _____

12. a. If you were not employed at the time of the disaster, did you have a definite promise to begin work? Yes No
b. If yes, what date were you to start? _____
c. Name, address, and phone number of the company. _____

13. a. Were you injured as a result of the disaster? Yes No
b. If yes, what is the injury? _____
c. What is the period of disability? _____
d. Did the injury prevent you from working? Yes No (Doctor's statement must be provided if requested).

14. a. Are you a full-time student? Yes No
b. If yes, indicate the name of school and number of hours in attendance per week. _____

15. a. Was your employment seasonal? Yes No
b. If yes, date season typically began _____, date season typically ended _____.

I certify that the information I have given on this form is correct and that I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the Act.

Applicant's Signature _____ Date _____

Agency Official Signature _____ Date _____

**Virgin Islands Department of Labor
Disaster Unemployment Assistance (DUA)
Weekly Claim Form**

DISASTER NO.
FEMA _____ DR

Local Office No. _____

APPLICANT'S NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

ADDRESS (No., Street, City, State, ZIP Code)

Claim Week Ending Date

APPLICANT REQUEST

- | | | | | |
|---|---|-----|---|----|
| 1. Did you work for anyone, earn wages, or were self-employed during the week claimed? If yes, complete the "EARNINGS STATEMENT" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 2. Did you receive Holiday Pay or Vacation Pay during the week claimed? If yes, complete the "EARNINGS STATEMENT" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 3. Were you able and available for suitable work during the week claimed? If no, explain under "COMMENTS" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 4. Did you receive a retirement pension or annuity from a base-year employer not previously reported to Unemployment? If yes, explain under "COMMENTS" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 5. Did you refuse any suitable work offered during the week claimed? If yes, explain under "COMMENTS" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 6. Did you receive or apply for compensation from another State or the Federal Government? If yes, explain under "COMMENTS" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 7. Have you received or applied for supplemental unemployment benefits? If yes, explain under "COMMENTS" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 8. Have you received or applied for any compensation from private income insurance? If yes, explain under "COMMENTS" on the reverse of this form. | ↑ | YES | ↑ | NO |
| 9. Have you contacted your last employer to determine if work was available during this week? If yes, explain under "COMMENTS" on the reverse of this form. | ↑ | YES | ↑ | NO |

APPLICANT CERTIFICATION

I CERTIFY that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT.

SIGNATURE OF APPLICANT

DATE (Mo., Day, Yr.)

STATE AGENCY DETERMINATION

↑ Amount of DUA Payment Authorized for the Week \$ _____ ↑ DUA Reduced or Denied for the Week Claimed Above ↑ DUA Termination Date _____	Reason for Determination
--	---------------------------------

SIGNATURE OF STATE AGENCY REPRESENTATIVE

DATE AUTHORIZED (Month, Day, Year)

PLEASE NOTE

The following six pages contains two forms:

Supplemental Application for DUA Self-Employed Individuals:

This form should only be completed if the claimant was self-employed at the time of the disaster and is unable to work due to disaster.

Breadwinner-Head of Household Application:

This form should only be completed if the claimant became the head of household and is seeking work because the former head of household died as a result of the disaster may also qualify for DUA benefits

**VIRGIN ISLANDS DEPARTMENT OF LABOR
SUPPLEMENT TO APPLICATION FOR DUA
SELF-EMPLOYED INDIVIDUALS**

Applicant's Name (Last, First, Middle)	Disaster No. FEMA - - DR	Local Office No.	Social Security No.
--	--	------------------	---------------------

Business Name and Address (No. Street, City, State, Zip Code)	TYPE OF SELF-EMPLOYMENT (Check Appropriate Boxes)		
	ENGAGED IN:		
	<input type="checkbox"/> Farming	<input type="checkbox"/> Business	<input type="checkbox"/> Profession
	AS A:		Percentage of Ownership
	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	

A. FARMING ACTIVITY (If applicable)	Size of Farm (In Acres):
--	--------------------------

In columns below, list all farm products raised and held permanently for sale and farm income.

CROPS		LIVESTOCK		OTHER (Specify)	
KIND	ACRES	KIND	INCOME	KIND	INCOME

B. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part)

1. Describe the nature of your self-employment. Indicate how long you have been performing it. _____

2. a. What are the days and hours of normal operation of your business? _____
b. What days and hours did you actually work? _____

3. Did you have any partners? Yes No

If yes, please provide the following information

Name	Social Security No.	Percentage of Ownership

4. Did you have other employees prior to the disaster? Yes No

If yes, how many and what is their current employment status? _____

5. a. What were your duties and normal days and hours of work? _____

b. Were you performing those duties at the time of the disaster? Yes No

If no, please explain. _____

6. How did the disaster impact your self-employment (damages, lost jobs, lost income, etc.)? _____

7. Do you plan to reopen this business? Yes No
 If yes, on what date and what have you done to restore your business? _____

If no, please explain and what are you doing or what do you plan to do to secure employment? _____

8. a. Were you self-employed *part-time* prior to the disaster? Yes No
 If yes, please explain why. _____

b. Do you restrict yourself to part-time work? Yes No
 If yes, why? _____

9. Was your self-employment your primary source of earned income? Yes No
 Examples of primary income sources are Social Security, pension, alimony, other work or business.
 If your self-employment was not your primary source of income, explain. _____

10. At the time of the disaster, did you or do you now have any business, business location(s), or occupation (job), *other* than the self-employment at this location? Yes No
 If yes, provide name and address of business, business location(s) or occupation. _____

 Describe the effect the disaster has had on this *other* business/location(s)/occupation. _____

 What is the current gross income from this *other* business/location(s)/occupation? _____

11. Do you have any other sources of income? Yes No
 If yes, please explain. _____

12. Did you receive or will you receive any income continuation pay, business interruption insurance, or any other wage replacement income? Yes No
 If yes, complete the following information:

Type of Payment	Amount	Time Period Covered

13. What was your gross income for the business in the prior tax year? _____

14. Was your business seasonal? Yes No
 If yes, between what dates was your business normally in operation in prior years? _____

C. FAMILY BUSINESS INFORMATION

1. Were you employed in a family business prior to the disaster date? Yes No
2. How many adults were employed in the family business prior to the disaster date? _____
3. How many minors (not adults) were employed in the family business prior to the disaster date? _____
4. Were you a minor employed in a family business prior to the disaster date? Yes No
5. The tax year for the family business started _____ and ended _____

You must complete the following questions. Your DUA rate will be based on an equal rate for each adult family member. If you feel that your DUA rate should be based on a rate higher than an equal portion of the net family business income, you must provide a percentage of net income for all family members of the business. Include income for minors employed in the family business.

MEMBERS OF FAMILY BUSINESS	SOCIAL SECURITY NUMBER	PERCENTAGE OF WAGES OF FAMILY BUSINESS

D. APPLICANT EMPLOYMENT

In order to compute the amount of my weekly entitlement to Disaster Unemployment Assistance I certify that I had the following self-employment, net earnings during the tax year 2016 (the most recent tax year prior to the disaster). Family businesses must indicate the entire family business income. If the information below was provided on the Initial Claim Form, enter "SAME" in the appropriate blocks. (Report net earnings from self-employment – DO NOT REPORT GROSS EARNINGS).

Name and Address of Business	Weeks Earned \$167 or More	Net Earnings	For Office Use Documentation or Other Proof of Earnings
	Total Weeks	Total Earnings	

E. APPLICANT CERTIFICATION

I CERTIFY that the information I have given on this form is correct and that I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the Act.

Signature of Applicant	Telephone No.	Date
Signature of Agency Official		Date

VIRGIN ISLANDS DEPARTMENT OF LABOR
DISASTER UNEMPLOYMENT INSURANCE (DUA)
BREADWINNER – HEAD OF HOUSEHOLD APPLICATION

Disaster Name: _____ Disaster No.: _____

Claimant Name: _____ SS#: _____

Agency Official: _____ Tel.: _____

A. APPLICANT REQUEST

Last Day of Work: _____ Last Occupation: _____

Name and Address of Last employer (including county):

Name: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

1. This application is made for **DISASTER UNEMPLOYMENT ASSISTANCE** for the period of unemployment resulting from the disaster that began on _____.
2. Was your unemployment caused by the disaster? _____

B. RETROACTIVE FILING

1. Complete the coupon(s) below for all of the weeks, following the date of the disaster, that you were totally or partially unemployed **due to the disaster**. **INCLUDE** gross earnings from employment **AND** from self-employment.

Claiming benefits for week(s) ending Sunday	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN
a. Did you work (including self-employment)? If "YES," indicate the day(s). Including self employment, did you earn more than \$420 in gross wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Were there any days you were not ready, willing or able to work? If "YES," indicate the day(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Did you refuse any job offer or job referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Claiming benefits for week(s) ending Sunday	_____	_____	_____
	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN
a. Did you work (including self-employment)? If "YES," indicate the day(s). Including self employment, did you earn more than \$420 in gross wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Were there any days you were not ready, willing or able to work? If "YES," indicate the day(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Did you refuse any job offer or job referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

VIRGIN ISLANDS DEPARTMENT OF LABOR
DISASTER UNEMPLOYMENT INSURANCE (DUA)
BREADWINNER – HEAD OF HOUSEHOLD APPLICATION

Disaster No.: _____

SS#: _____

2. For the weeks you identified on the previous page:
- a. Did you apply for or receive unemployment insurance under any State or Federal law (including Extended Benefits)? YES NO
- b. Were any amounts payable to you;
- (1) from any source for loss of wages due to illness or disability? YES NO
- (2) from any type of private income protection insurance? YES NO
- (3) as a supplemental unemployment benefit (SUB)? YES NO
3. Were you able and available for work during these weeks? YES NO
4. Did you accept all work offered during these weeks? YES NO

C. SUPPLEMENTAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE
BREADWINNER OR HEAD OF HOUSEHOLD

1. Have you become the breadwinner or major support because the head of household has died as a direct result of the major disaster? YES NO
2. Was the deceased the head of the household? YES NO
3. Did the head of household die as a direct result of the major disaster? YES NO
4. Has the applicant entered the labor market and begun seeking suitable work? YES NO
5. Please supply the following information Regarding the Deceased Head of Household.

Name: (*Last, First, Middle*) _____

SS#: _____

U.S. Citizen? YES NO: Date of entry: _____

What were the circumstances of the death of head of household?

6. Is there any reason you cannot accept full-time employment? YES NO
If "YES," please explain.
7. Did you apply for or receive, or would you have been eligible to receive if you had applied for, any of the following? YES NO
If "YES," please check all applicable boxes.
- | | |
|--|--|
| <input type="checkbox"/> Illness Or Disability Insurance | <input type="checkbox"/> Private Income Protection Insurance |
| <input type="checkbox"/> Supplemental Unemployment Benefits | <input type="checkbox"/> Retirement Pension Or Annuity |
| <input type="checkbox"/> Survivors Benefits Paid By Workers Compensation | <input type="checkbox"/> Social Security Benefits |
| <input type="checkbox"/> Other: (<i>SPECIFY</i>) | |

VIRGIN ISLANDS DEPARTMENT OF LABOR
DISASTER UNEMPLOYMENT INSURANCE (DUA)
BREADWINNER – HEAD OF HOUSEHOLD APPLICATION

Disaster No.: _____

SS#: _____

8. If you were injured or were ill as a direct result of the disaster, please answer the following questions.

Date you were or expect to be able and available for work: _____

Date the injury/illness began: _____

Description of the injury/illness, how it occurred and explain if you are not able and available for work.

III. APPLICANT CERTIFICATION

*I certify that the information I have given on this form is correct. I have supplied the information voluntarily in order to obtain **DISASTER UNEMPLOYMENT ASSISTANCE**. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the act. I understand that if it is determined that I am not eligible for benefits I have a right to a hearing before an administrative law judge at no cost or obligation. Failure to repay any benefits that I received because I withheld information or gave false information to the Department of Labor may result in the Department of Labor taking legal action to file a judgment against me. Once entered, a judgment is good and can be used against me for twenty years, and my money, including a portion of my paycheck and/or bank account, may be taken. Also, a judgment will hurt my credit score and can affect my ability to rent a home, find a job, or take out a loan.*

ABOVE STATEMENT WAS READ TO THE CLAIMANT. THE CLAIMANT AGREED WITH THE STATEMENT.

ATTACHMENTS

Pg. 24-31 Claimant Benefit Rights and Responsibilities for Receiving UI
Benefits Handbook



US VIRGIN ISLANDS DEPARTMENT OF LABOR

Unemployment Insurance Division



Claimant Handbook

Commissioner of Labor, Catherine Hendry, Esq.

Assistant Commissioner of Labor, Wean William Farrell

Director of Unemployment, Elston George

Claimant Benefit Rights and Responsibilities

A Guide for Receiving UI Benefits

This handbook is issued by the United States Virgin Islands Unemployment Insurance (UI) Division. It contains specific information about your Unemployment Insurance (UI) benefit **rights** and **responsibilities**, in compliance with the United States Virgin Islands Unemployment Insurance laws. However, the information is not intended to cover all provisions of the law. Please feel free to contact the Unemployment Insurance Division, in person or by calling the telephone number(s) listed in this handbook, for more detailed information regarding your claim. Your primary responsibility as a UI claimant is to understand the information contained in this handbook.

NOTE: It is your responsibility for keeping this booklet in proper condition.

READ THIS HANDBOOK COMPLETELY AND CAREFULLY

Failure to follow the instructions in this handbook, to make timely inquiries when necessary, to report as directed, to file required documents in a timely manner, or to file claim forms as directed, may result in delay, denial or loss of your unemployment insurance (UI) benefits. Do not rely on advice from family, relatives or friends.

If there are any questions or concerns regarding your claim, please contact the United States Virgin Islands Department of Labor, Unemployment Insurance (UI) Division office. Also, visit our website at www.vidol.gov

St. Croix:

US Virgin Islands Department of Labor
4401 Sion Farm
Christiansted, VI 00820-4245
Tel: (340) 773-1994
Fax: (340) 713-3420

St. Thomas:

US Virgin Islands Department of Labor
2353 Kronprindsens Gade
St. Thomas, VI 00802
Tel: (340) 776-3700
Fax: (340) 715-5731

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Background

The Unemployment Insurance (UI) program had its legal origin under the 1930's Social Security Act. Each State within the United States of America operated its own unemployment insurance program based on Federal laws and guidelines. The requirements for eligibility and the amount of UI benefits payable were determined by the individual States in compliance with these laws and guidelines. In June 1961, the United States Virgin Islands' Legislature added Chapter 12 to Title 24 of the US Virgin Islands Code which declared, among other things, that "economic insecurity is a threat to the health, morals, and welfare of the people of the US Virgin Islands. The law is intended to provide for the continued economic stability of the US Virgin Islands." This law, as enacted and amended, is referred to as the United States Virgin Islands Unemployment Insurance Act of 1961. Unemployment Insurance (UI) benefits are financed primarily from a tax on employers' payroll, which is deposited on behalf of the US Virgin Islands government into a Federal Trust Fund. Monies from this fund are only used to pay UI benefits to **eligible** unemployed US Virgin Islands workers when they are separated from employment (laid-off) through no fault of their own. It is worth noting that **no deductions are made from employees' wages** in order to pay unemployment insurance (UI) benefits. Unemployment Insurance (UI) benefit is a privilege provided that you, the claimant, meet all the eligibility requirements of the law.

The Process

Every unemployment insurance claimant, like you, must provide the following information when filing for Unemployment Insurance (UI) benefit:

- Identification Card:** Alien Resident Card, Driver's License, or any other valid and legally acceptable form of identification
- Social Security Card**
- Last Employer's Separation (laid-off/discharged) Letter**
- Last Check Stub(s)**
- DD-214 Form** (US Military)
- SF-8 / SF-50 Form** (Federal Civilian).

After your initial claim has been established, you, the claimant, will receive a **claim package** within two (2) weeks. If you do not receive your claim package, please contact the Unemployment Insurance (UI) Division office.

Your Claim Package Will Contain the following Forms:

- Initial Claim
- Monetary Determination
- Certification
- Work Search
- Other pertinent documents

Once You Receive Your Claim Package Documents, Make Sure That:

-Your Social Security Number, Mailing Address, E-mail Address and Zip Code are correct on all required forms.

-Your Name and Signature are correctly spelt on all required forms.

-You, the claimant, have provided your correct Home and/or Work Telephone Number(s) on all required forms.

-You, the claimant, have completed all required forms legibly, accurately, and in sufficient detail.

Eligibility

The requirements in order to receive Unemployment Insurance (UI) benefits vary between States. However, each State requires that the claimant qualify under both non-monetary and monetary determination.

Non-Monetary Determination

-You, the claimant, are unemployed through no fault of your own.

-You, the claimant, are partially employed.

-You, the claimant, are able to, available for, and actively seeking work.

-You, the claimant, earned, at least, **\$858.00** in the highest quarter of your base period.

-Your total wages must be, at least, one and one half times your highest quarter in the base period.

Monetary Determination

-The form represents a wage transcript benefit computation.

-Monetary eligibility is based on you, the claimant, having enough wages from one or more employers who paid contributions into the Unemployment Insurance Trust Fund of the US Virgin Islands.

-The form does not determine qualification; it is a statement providing a possible weekly benefit amount (WBA) and an overall maximum benefit amount (MBA) should you, the claimant, be considered eligible for UI benefits.

-The form also lists all employers who had reported wages for you, the claimant.

Missing or Incorrect Wages:

-You, the claimant, cannot receive Unemployment Insurance benefits on wages reported by an employer that you did not perform.

-You, the claimant, will be required to repay any Unemployment Insurance (UI) benefits which were received by you, for missing or incorrectly reported wages.

-In case of missing wages, you, the claimant, must provide all appropriate evidence (such as copies of check stubs, W-2 form(s) or any other legally accepted proof of employment), in order to verify that wages had been, in fact, earned/paid.

-You, the claimant, should be aware that if some employment was performed in another State, your wages may be combined in order to establish and/or increase the eligible benefit amount in the United States Virgin Islands.

Base Period-Regular

Your regular base period is a twelve (12) month period, which consists of the first four (4) of the last five (5) completed **calendar quarters** before the effective date of the claim which you, the claimant, filed. Once the Unemployment Insurance (UI) Division has established a monetary eligible claim, the regular base period cannot be changed.

The Calendar Quarters are determined as follows:

1st quarter - January, February and March

2nd quarter - April, May and June

3rd quarter - July, August and September

4th quarter - October, November and December

Note: The accompanying charts are used to help illustrate how the base periods (both regular and alternate) are determined and calculated by the Unemployment Insurance (UI) Division. The shaded areas represent the regular Base Period. The non-shaded areas represent the month when the claim was filed.

Base Period-Alternate

If there is insufficient wages in the Regular Base Period to establish a claim, then you, the claimant, may qualify using the Alternate Base Period.

Please note that the Alternate Base Period can **ONLY** be used when there is not enough wages earned in the Regular Base Period. **Note:** In accordance with Federal guidelines, you, the claimant, may not be eligible to receive Extended Benefits, if the claim falls within the Alternate Base Period.

		<u>BASE PERIOD CHART</u>				
<u>If You File</u>		Oct. 1 - Dec. 31	Jan. 1 - Mar. 31	Apr. 1 - Jun. 30	Jul. 1 - Sept. 30	Oct. 1 - Dec. 31
<u>Jan - Mar</u>						
		4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	
<u>Apr - Jun</u>		Jan. 1 - Mar. 31	Apr. 1 - Jun. 30	Jul. 1 - Sept. 30	Oct. 1 - Dec. 31	Jan. 1 - Mar. 31
<u>Jul - Sept</u>		Apr. 1 - Jun. 30	Jul. 1 - Sept. 30	Oct. 1 - Dec. 31	Jan. 1 - Mar. 31	Apr. 1 - Jun. 30
<u>Oct - Dec</u>		Jul. 1 - Sept. 30	Oct. 1 - Dec. 31	Jan. 1 - Mar. 31	Apr. 1 - Jun. 30	Jul. 1 - Sept. 30
		3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	

Benefit Year

Your benefit year is valid for one calendar year, starting from the effective date that you, the claimant, filed the claim. This period is **52 weeks** from the beginning date of your filed claim. UI benefits remaining on the claim for that benefit year cannot be paid for weeks claimed after the claim expiration date. A new claim must be filed to determine eligibility.

Note: *This does not mean that you, the claimant, will receive benefits for an entire year. The monetary determination represents the maximum amount of benefits which will be received during the benefit year. The full weekly benefit amount can be paid for a total of twenty six (26) weeks.*

Under both United States Virgin Islands and Federal laws, wages that has already been used to determine the amount of UI benefits payable, cannot be used again in the future to file another UI claim.

Claimant WBA, MBA and MPBA

Claimant Weekly Benefit Amount- (WBA)

The amount that you, the claimant, may receive weekly is **1/26th** of the highest quarter in the base period, but not to exceed the maximum weekly benefit amount (WBA) allowed under United States Virgin Islands law. However, it will not be less than **\$33.00**. For example, if during your base period, the highest calendar quarter wages were **\$7763.00**, then your weekly benefit amount (WBA) would be **\$298.00**. Therefore, using the above calculation rule, **1/26th of \$7763 is \$298.00**.

Claimant Maximum Benefit Amount- (MBA) Your maximum benefit amount (MBA) is the amount of benefits available throughout the benefit year. This can vary between **13 to 26** times the weekly benefit amount.

Claimant Maximum Potential Benefit Amount- (MPBA) The maximum potential benefit amount (MPBA) for which you, the claimant, are eligible in any benefit year shall be an amount equal to the lesser of 26 times the weekly benefit amount, or one-third (1/3) of the base period wages. For example, if during the base period, the weekly benefit amount (WBA) was **\$298** multiplied by **26**, then your maximum potential benefit amount (MPBA) will be **\$7748.00**.

Waiting Period

The laws of the United States Virgin Islands require that you, the claimant, serve an unpaid waiting period before receiving UI benefits. This means that you, the claimant, must certify for the week in question, and meet the same eligibility criteria as if the UI benefits of that week were to be received.

Partial Benefits

If you worked less than full-time because your employer reduced your hours or if you were self-employed for part of a week, eligibility may be determined for partial benefits, which is less than what would be received for total unemployment during that week. Therefore, you must report all work and earnings during the week for which UI benefit is being claimed even if wages were not yet paid/received for that week.

You, the claimant, are not considered unemployed during the week that full-time work is being done, regardless of how much was earned, and, therefore, a claim should not be filed for that week. However, if you, the claimant, worked part-time during a week, there would be a weekly benefit entitlement amount less **\$0.75** for each dollar earned above **\$15**.

If your weekly benefit amount (WBA) is to be reduced because of earnings or other deductible income, and the result is not an even amount, the benefit paid is the next lower even dollar amount. For example, if the weekly benefit amount (WBA) for a week's total unemployment is **\$100** and you, the claimant, earned **\$25.50** during a week of partial unemployment, the benefit payment entitlement would be **\$92**. Amounts are always rounded down to the next lower even dollar amount if you are otherwise eligible and not disqualified. The first \$15.00 of your earnings is ignored and then \$0.75 for each dollar of earning is deducted from the weekly entitlement. **Example:** $(\$25.50 - \$15 = \$10.50 \times 0.75 = 7.88 - \$100 = 92.12$ that is \$92.12 rounded down to \$92.00).

There may be other deductions from the weekly benefit amount (WBA) as explained below under disqualifying income. If you, the claimant, discontinue claiming benefits during the benefit year because you had returned to full-time work, but later became unemployed again, either totally or partially, you should contact the local Unemployment Insurance (UI) Division office in order to reopen a claim for Unemployment Insurance (UI) benefits.

Certification

When Does a Claimant Certify?

You, the claimant, must file a claim certification in order to receive UI benefits. The weeks for filing begin on Sunday and end on Saturday. If you attempt to file before the week has ended, the claim will not be accepted.

When Does a Claimant Begin Receiving Benefits?

Once you, the claimant, have filed the weekly certification, a payment should be issued the following day, unless there are issues on your claim that are being investigated or you were not monetarily eligible at that point in time. Please note that payment will not always be received on the same day of the week. Payments may be delayed for various reasons, such as holidays, technical problems, or failure to respond to a request from the Unemployment Insurance (UI) Division office.

Late Certification

If you, the claimant, file the weekly claim certification, **fifteen (15) or more calendar days after the weekend in question has ended**, unemployment benefits may not be paid to you for those back weeks, but the claim will be re-opened.

Certifying Via the Website Portal

The Claimant Portal provides access to filing your weekly certification on-line via Internet which will expedite the payment of your benefits. The Portal will provide information on your claim, information on your last payment, and will allow you to file your weekly certification and your work search information electronically. Before you use the Claimant Portal, you will need to complete the "Username and Password Request Form". The local office will provide the website information, user ID and password. It will be necessary for you to have a valid e-mail address to utilize the system for accessing the website for filing the weekly certifications and work search.

Reporting Earnings and Income

You, the claimant, must report the following during any week:

- Gross earnings whether or not you had received payment
- Self Employment
- Separation Pay: Vacation, Severance, Holiday, Bonus, In lieu of notice, Annual leave, etc.
- Commissions
- Retroactive Payments

Note: All earnings should be reported in the week it was earned, and not when it was paid.

Disqualification

You may be monetarily eligible for unemployment benefits and still be denied such benefits. Any situation that may prevent you from receiving UI benefits is called an "ISSUE". If UI benefits are denied, you will be issued a determination in writing indicating the reason(s) for denial, the Section of the UI law under which the denial was based, and your Rights of Appeal.

You, the Claimant, May Be Disqualified for:

- Being fired or suspended from the last job due to misconduct,
- Applied or currently receiving Worker's Compensation,
- Inappropriate reporting or non-reporting earnings,
- Reasons relating to a Labor Dispute (*Certain conditions apply*)
- Fraud / Misrepresentation,
- Voluntarily leaving your last job without good cause,
- Receiving retirement pay. (*Certain conditions apply*)
- Not being able to, available for and actively seeking work.
- Receiving payments such as severance, vacation, annual leave, holiday, bonus, in lieu of notice, back pay awards, etc., (*Disqualified only for a period of weeks*)
- Not being authorized to work in the U.S.,
- Being employed by an educational institution, (*Certain conditions apply*)
- Attending school or college and not being available for work,
- Refusing a bona-fide job offer or job referral for suitable work
- Failing to accept work or failing to participate in reemployment services,
- Being on Maternity Leave.

Appeals

You, the claimant, must file an appeal within the time limits stated in the determination notice. This important step cannot be delayed or you may be denied the right to have a full hearing on the merits. The appeal request must be in writing and may be in the form of a letter clearly requesting and providing the reason(s) for the hearing. The letter has to be attached to an appeal form, which you can obtain from the Unemployment Insurance (UI) Division. Your employer(s) also reserves the right to appeal the decision.

You, the claimant, will later be given a notice in writing indicating where and when the appeal hearing will be held. You may present all relevant evidence and witnesses during that hearing. However, you must attend the appeal hearing, in person; otherwise you may lose that appeal for failure to appear. Note: If you are outside the VI territory your appeal hearing will be telephonically.

If you, the claimant, disagree with the decision of the Appeal Examiner, you may file an appeal with the Superior Court of the U.S. Virgin Islands. You must file such an appeal within the time limits as stated on the Notice of decision from the Appeals Examiner and follow the courts' procedures.

If You, the Claimant, Continue To Be Unemployed While The Appeal Is Still Pending:

You must continue to file your Certifications as usual for each week you are unemployed, continue seeking employment and meet all other eligibility requirements. Even though an appeal decision may find you eligible for benefits, no weeks will be paid for which you have not filed a claim in accordance with the requirements.

***Note:** You, the claimant, must continue the certification process and comply with the eligibility requirements. If the final decision is made on your behalf, then benefits will be received for those weeks in question.*

Continuing with Eligibility

Once you, the claimant, have filed and established a claim, all eligibility requirements must continue to be fulfilled in order to continue receiving unemployment insurance (UI) benefits.

Work Search

You, the claimant, must start searching for work every week, beginning with the first week that a claim was established. You must keep a work search record of each employer, to include:

-The company name, mailing address, e-mail address, telephone number, date of the contact and name of the person you, the claimant, had contacted.

-Results of your contacts

-**At least two (2) different employers on different dates** must be contacted each week in order to meet the minimum work search requirement.

-You, the claimant, should make in-person, and/or E-mail contacts with company representative(s) who have hiring authority.

-The same contacts should not be listed for consecutive weeks except for agencies that offer multiple placement services.

-All work search contacts you, the claimant, make are subject to verification.

-If you, the claimant, fail to make the required number of work searches each week, a denial of UI benefits and possible UI overpayment could result.

-It is your responsibility for keeping records of all job searches and the evidence(s) of contacts.

-If you are a seasonal worker or have a definite return to work date (*within 8 weeks of filing a claim*) or you are taking a training course through VIDOL, you may be exempt from work search. You must submit evidence of this information.

***Note:** If you cannot find work in a usual occupation, it is still expected that you, will search for work in other occupations in which you are qualified.*

Relocation

If you, the claimant, have plans to relocate outside of the United States Virgin Islands while receiving Unemployment Insurance (UI) benefits you must contact our agency to inform that you will be outside the VI so that you may receive information regarding your benefits.

You must also complete the "Going out of town" form. Failure to follow instructions may result in loss of benefits. You must also register with the State Workforce Agency in that state and follow that state's requirements and instructions for continued unemployment job search. You must contact the State Workforce Agency promptly, in order to comply with the registration and work search requirements of that state, otherwise, this could result in a delay or denial of UI benefits.

Additional Requirements

Re-employment Services Program

You, the claimant, must participate in any Re-employment Services program, if selected to do so by the Unemployment Insurance (UI) Division. Failure to attend may result in benefits being denied or delayed.

Reporting to the Local Office

You, the claimant, must return to the Unemployment Insurance (UI) Division if instructed to do so. The exception to this is if you are off island, and have informed the UI Division of your absence from the U.S. Virgin Islands Territory.

Exhausted Benefits

If you have exhausted UI benefits, you should contact the Unemployment Insurance (UI) Division in order to find out if there are any other additional UI benefits available. If you had previously worked, then consideration for monetary eligibility may be possible.

Child Support

Deduction for Child Support

If you, the claimant, are receiving unemployment insurance (UI) benefits, but also owe child support, the Child Support Enforcement Division will notify the Unemployment Insurance (UI) Division of a child support deduction order. If you do not agree with the deduction, you must contact the Child Support Enforcement Division, since the UI Division cannot legally remove or reduce the amount of child support deduction.

1099G Information

Before the end of January of each year, you, the claimant, will be mailed a statement referred to as form 1099-G indicating all unemployment insurance (UI) benefits paid and all amounts deducted and withheld. The Internal Revenue Service (IRS), otherwise known as the Internal Revenue Bureau (IRB) will be provided with the same information.

Confidentiality

In accordance with both Federal and State law, you can only claim UI benefits for you. Absolutely no one else can claim UI benefits on your behalf. The Unemployment Insurance (UI) Division will not disclose your personal information to anyone, including family or friends contrary to law.

Fraudulent Claims

For Unemployment Insurance (UI) benefit purposes, and in accordance with existing law, fraud is defined as knowingly making a false statement, misrepresenting a material fact, or withholding information in order to obtain unemployment insurance (UI) benefits. Any statement that you, the claimant, make in order to obtain unemployment insurance (UI) benefits will be verified. You, the claimant, will be required to repay UI benefits if fraud is detected. All fraud cases are also subject to possible criminal prosecution, fines and imprisonment.

The United States Virgin Islands Unemployment Insurance (UI) Division maintains records of wages paid by employers. One of the purposes of these records is to detect fraudulent claims filed by you, the claimant, who are working, earning wages and claiming benefits at the same time.

The Unemployment Insurance (UI) Division is able to detect fraudulent UI benefit claims using various methods, to include,

- Wage and Benefits Cross-Match
- State Directory of New Hire Cross Match (SDNH)
- National Directory of New Hire (NDNH)
- Tips from Public

Examples of Fraud include:

- Failure to properly report a job hire
- Failure to properly report job separation earnings
- Failure to report all employment earnings

Penalties for Fraud

-Penalty of 15% of the overpayment or up to \$200.00.

Disqualification of benefits for Fraud

For first time offenders the following schedule of disqualification will be applied:

Fraud Weeks	Disqualification
1-2 weeks	4 weeks
3 weeks	12 weeks
4 weeks	16 weeks
5 weeks	26 weeks
6 weeks or more	52 weeks

If the claimant has a record of having made fraudulent claims in the past, a disqualification of 52 weeks will be assessed.

UI Overpayment Repayments

If you, the claimant, have a UI benefit overpayment, it can be repaid in one lump sum or under an installment repayment plan. However, the Unemployment Insurance (UI) Division must approve all such repayment plan.

Non Payment

If you do not make a payment within 60 days, your name will be sent to the IRS for garnishment.

Voluntary Federal Tax Withholding

You, the claimant, may voluntarily elect to have 10 percent of the gross UI benefits deducted and withheld for Federal Income Tax purposes.

Federal Income Taxes will be deducted after all other mandatory deductions have been withheld. You, the claimant, may change your decision to have Federal Income Taxes withheld from your UI benefits. However, that request must be made by you, the claimant, in writing.

Other Services

In addition to assisting you, the claimant, with your unemployment insurance benefit claim, the US Virgin Islands, Labor Department, Workforce Development staff is available to assist you with:

- Introduction and Registration to VIEWS
- Career guidance & Counseling
- Referral to support services & other partner agencies
- Access to training opportunities
- Workforce preparation workshops
- Testing
- Skills and other related assessments
- Job Search planning
- Resume Writing
- Access to Workforce & Labor Market Information
- Various Services to all Veterans