**COVID-19**

**Bulk Claims Application for Unemployment Insurance Benefits**

Name Social Security Number

FIRST M LAST

Address

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number E-Mail @ Date of Birth

Sex Number of dependents **UNDER 16** (Can only be added on New Claims (complete page 2))

Race (circle one): White Black Hispanic American Indian Asian

I declare, under penalty of perjury, that: I am a citizen or national of the United States.

I am have valid employment authorization.

##### Alien Registration #:

Highest grade completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently attending school or training? YES / NO

Are you Able and Available to work full time? YES / NO If no, why? \_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Are you receiving a pension? YES / NO If yes, from whom? \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving severance pay? YES/NO If yes, gross amount? \_\_\_\_\_\_\_\_\_\_\_\_\_ Gross weekly wage\_\_\_\_\_\_\_\_\_\_\_\_

Do you want taxes withheld from your Unemployment Insurance checks? YES / NO (Federal, State or both)

Have you filed for unemployment benefits in the last 12 months? YES / NO

**Current Employer**

First day of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last day of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Separation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I was given a return to work date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prior to my last day of work.

**Previous Employer**

Address City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_

First day of work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last day of work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for separation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you are scheduled to return to this employer (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employer**

Address

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_

First day of work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last day of work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for separation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you are scheduled to return to this employer (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affidavit of Dependents Allowance

**IMPORTANT**: Dependents are defined as a son, daughter, stepchild, or legally adopted child under 16 years of age and must have been born prior to the effective date of your new claim. If both parents are unemployed and filing for benefits you may not claim the same dependents. However, you may each claim different dependents under age 16 up to a maximum of five (5). **\*You must present verification for each dependent declared (e.g., social security number, copy of a birth certificate or baptismal certificate).** Verification must be submitted within thirty (30) days of the first week ending date following the date that you file your new claim. Dependents allowance will not be paid unless proper verification is submitted with this affidavit.

I CLAIM ALLOWANCES FOR THE FOLLOWING DEPENDENTS:

Dependent’s Name SSN/ Birth Cert Relationship Date of Birth County & State Name of Parent/Guardian

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your spouse filed a claim within the last 12 months? YES/NO - if yes give spouse / other parent SS# \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_

I certify that I provide support for the children listed above. I also understand the law provides penalties for false statements made for the purpose of obtaining unemployment insurance benefits. I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct.

I hereby apply for Unemployment Insurance Benefits and request the Maryland Division of Unemployment Insurance to determine the amount of benefits, which I will be eligible to receive if I meet all of the eligibility requirements of the Law.

**I UNDERSTAND THAT THE LAW PROVIDES FOR FINES, IMPRISONMENT, OR BOTH IN ADDITION TO DISQUALIFICATION AND REPAYMENT OF BENEFITS IF I KNOWINGLY FAIL TO DISCLOSE INFORMATION OR GIVE FALSE INFORMATION IN ORDER TO OBTAIN OR INCREASE BENEFITS.**

I understand that I will receive a transcript of my wages, DOL/DUI 212, which represents the base period that determines my weekly benefit amount. I understand I must call the office within fifteen (15) days in order to submit proof of any omitted wages (W-2, pay stubs).

* I understand that if I fail to return to work on my designated return to work date or if I refuse to apply for or accept suitable work as directed, I may be denied unemployment insurance benefits after that date.
* I understand that if I work for any employer during the week for which I am claiming benefits, I must report all gross earnings regardless of whether or not I have been paid yet.
* I certify that the information I have given in connection with this application for unemployment insurance benefits and fact-finding report is complete and correct.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claim Certification Week 1**

(Payment request form)

**Week ending \_\_\_\_\_\_\_\_\_\_\_\_**

Circle correct answer

1. Were you able and available to work full time this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO\*

\*If no, were you unable to work due to medical reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

2. Were you attending school or training during this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

3. Did you work or earn any money during this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES\* NO

Enter Gross wages, even if you have not received this money.\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*DO NOT ENTER VACATION OR HOLIDAY PAY

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Claim Certification Week** **2**

(Payment request form)

**Week ending \_\_\_\_\_\_\_\_\_\_\_\_**

Circle correct answer

1. Were you able and available to work full time this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO\*

\*If no, were you unable to work due to medical reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

2. Were you attending school or training during this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

3 Did you work or earn any money during this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES\* NO

Enter Gross wages, even if you have not received this money.\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*DO NOT ENTER VACATION OR HOLIDAY PAY

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Claim Certification Week 3**

(Payment request form)

**Week ending \_\_\_\_\_\_\_\_\_\_\_\_**

Circle correct answer

1. Were you able and available to work full time this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO\*

\*If no, were you unable to work due to medical reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

2. Were you attending school or training during this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

3. Did you work or earn any money during this week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES\* NO

Enter Gross wages, even if you have not received this money.\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*DO NOT ENTER VACATION OR HOLIDAY PAY

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_