



**UNEMPLOYMENT INSURANCE DIVISION
APPLICATION FOR BENEFITS**

FOR OFFICE USE ONLY	
SS# Verified	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Claim	____/____/____
File Date	____/____/____
FC:	_____
Type 1:	_____
Type 2:	_____
Type 3:	_____
IB4	Yes <input type="checkbox"/> No <input type="checkbox"/>
FIT	Yes <input type="checkbox"/> No <input type="checkbox"/>
M/T Ind	Mail <input type="checkbox"/> Tel <input type="checkbox"/>
DET	Yes <input type="checkbox"/> No <input type="checkbox"/>
Processor Initials	_____

Social Security Number (you must include your full 9 digit SS# for your claim to be processed):

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Have you filed an unemployment insurance claim during the last twelve (12) months?

Yes No

If yes please provide State (ex. PA, MD...)

Has all of your work been in the State of Delaware during the last 18 months?

Yes No

Have you worked for the railroad during the last 18 months?

Yes No

Do you have a letter of ineligibility from the railroad?

Yes No

Are you a citizen of the United States?

Yes No

If "No", when working in the United States, were you issued an alien registration receipt card, form I-51 "green card" or an alien documentation, identification, telecommunication card?

Alien Registration Number:

"I declare under penalty of perjury that I am:

a citizen or national of the United States, or

in a satisfactory immigration status."

Claimant's Signature

Date

Worked for a temporary employment agency?

Yes No

Were you advised of the requirement to contact your temporary agency at the end of every assignment?

Yes No

Did you contact your agency?

Yes No

Date contact was made:

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Please select how the contact was made:

Telephone In Person

Who did you contact? Name/Title

Was there work available?

Yes No

Social Security Number

--

First Name

Middle Initial

Last Name

Date of Birth

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In what state were you born?

Drivers License Number or DMV Identification Number

Issuing State

We are required to collect, maintain and make available data as may be necessary to ascertain compliance with the requirement of the nondiscrimination statutes of federal law. Accordingly, please provide the information requested below, however, the election to provide this information is voluntary.

Gender Male Female

Not Hispanic or Latino [0]

Hispanic or Latino [1]

Unknown [9]

White [1]

Black or African American [2]

Asian [3]

American Indian or Alaska Native [4]

Native Hawaiian or Other Pacific Islander [5]

Unknown [9]

Are you a person with mental/physical disability?

Yes No

Mailing Address

Mailing Address Line 2

City

State

Zip

Do you receive city services at this address? Yes No

Is your street address different than your mailing address? Yes No

Street Address

Street Address Line 2

City

State

Zip

Do you receive city services at this address? Yes No

Telephone Number

Is this telephone number your home phone number or a message phone number?
 Home Phone Number
 Message Phone Number

Cell Phone Number

Email Address (required)

Fax Number

Please circle the highest grade you completed in school 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Please list the highest degree obtained. (ex. GED, High School, BA, BS, PhD, Technical Certificate, etc....)

Are you an officer of a corporation? Yes No

Do you own stock in a family corporation? Yes No

Are you in the National Guard or Reserve? Yes No

Do you receive any of the following?

Employer Pension	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
IRA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
KEOGH /401K	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Military Pension	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Railroad Retirement Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other type of pension or annuity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holiday Pay	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Vacation Pay	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Severance/Bonus Pay	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Workers' Compensation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sickness and Accident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any type of Disability Pay	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Self-Employment Income	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other Pay	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you / will you receive a lump sum pension or retirement benefit payment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unemployment insurance benefits are taxable by the federal government. Do you elect to have federal income tax (10%) withheld from your benefit payments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Who was your last employer?

Name of Your Last Employer (the very last place you worked)

Does your employer do business under any other name?

Do you have a Recall Date?

Yes No

Recall Date

Please write the business mailing address

Mailing Address

Mailing Address 2 (Suite Number,...)

City

State

Zip

Telephone Number

If the business mailing address is different from the job site address, provide job site address.

Mailing Address

Mailing Address 2 (Suite Number,...)

City

State

Zip

When did you start working for this employer?

What was the last date that you worked for this employer?

What is the reason you are not working there now?

- Temporary Lay Off
- Laid off/Lack of Work
- Fired/Discharged
- Vacation/Holiday Shutdown
- Voluntary Quit/Separation
- School Employee-Between Semesters or Terms, Likely to Return
- School Employee-Between Semesters or Terms, Not Likely to Return

Expected Date of Recall:

- Asked to Resign
- Still Employed, Full Time
- Still Employed, Part Time
- Still Employed, Hours Reduced by Employer
- On call or Temporary Status
- Leave of Absence
- Retirement
- Disciplinary Suspension
- Labor Dispute
- Disaster Related Separation
- Professional Athlete

IF COVID-19, PROVIDE
 DETAILS (ex. business closed, infected,
 must care for family member)

What was your job title?

Have you worked for any other employers during the last 18 months, either part-time or full-time? Yes No

If yes, name the employers, their addresses, approximate start/end dates of employment, and the reason you are no longer employed at these jobs.

I HAVE WORKED FOR THE FOLLOWING EMPLOYERS DURING THE PAST 18 MONTHS				
Employer	Address	Dates of Employment		Reason for Separation
		From:	To:	
(ex.) ABC Company	123 Main St. Wilmington 19999	5/1/2011	5/20/2011	Quit to accept another job

In accordance with the applicable provisions of the Privacy Act (PL 93-579), I AUTHORIZE my former employer(s) to release all information requested in connection with my claim for unemployment compensation.

Claimant's Signature _____

_____ Date

How do you wish to file for your weekly unemployment benefits? You must file a weekly pay authorization each week (beginning the Sunday after you file your claim) even if you have not yet received an unemployment benefit payment.

Telephone (800) 794-3032

Web Benefits uicc.delawareworks.com

CERTIFICATION: 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 of perjury that the statements made in connection with this claim are true to the best of my knowledge. I am furnishing my Social Security number as required by the Deficit Reduction Act (DEFRA) (PL 89-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies as defined in DEFRA for the purpose of income verification.

_____ Claimant's Signature

_____ Date

Please submit this application to one of the offices below by mail or in our outside dropbox:

Wilmington Local Office

Department of Labor
Division of Unemployment Insurance
P.O. Box 9951
Wilmington, DE 19809-9951

Dover Local Office

Department of Labor
Division of Unemployment Insurance
P.O. Box 616
Dover, DE 19903-0616

Contact us by email at: dol_dui_wilmington_claims@delaware.gov

Fax: 302-761-6636

Phone: 302-761-8446

Please be advised that we are experiencing very high call volume. Email is the most efficient way to reach us. Include your full name, address and date of birth and the last 4 digits of your social security number in email communications.

Register on the claimant portal at ocs.delaware.works where you can access forms, request an address change or file an appeal.

Register with the Division of Employment and Training at: joblinkdelaware.gov

Please visit our website at ui.delawareworks.com to complete an online benefit application and to see any updated information from the Division of Unemployment Insurance.

File weekly certifications through telebenefits or web benefits the Sunday after you file your claim and each week after even if you have not yet received a payment.

PLEASE MAKE SURE TO REVIEW YOUR ANSWERS TO THE QUESTIONS IN THIS PACKET. FAILURE TO SUBMIT A COMPLETED APPLICATION FOR BENEFITS MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM.

Comments and Clarifications

If you have any additional comments or clarifications concerning your claim, please enter them here.

If you are unemployed due to the covid-19 virus; please answer the following questions:

Are you unemployed because your employer is closed due to covid-19 (coronavirus)? Y N

Are you working reduced hours because of covid-19 (coronavirus)? Y N How many hours did you work/week? How many hours are you working now?

Are you unemployed because of a recommended quarantine (of yourself or a family member)? Y N

Are you unemployed because you are infected with covid-19 (coronavirus)? Y N