UC-BP-1 (Rev. 03/2020)

APPLICATION FOR DETERMINATION OF INSURED STATUS

Please Print

1. **SOCIAL SECURITY ACCOUNT NUMBER** ___ — __ — ____

2. **NAME**:_____
LAST FIRST MIDDLE

Other Name Worked Under:_____ Mother's Maiden Name:_____

3. **ADDRESS**:_____

_____
CITY STATE ZIP CODE

4. **EMAIL ADDRESS**:_____

5. **TELEPHONE NUMBER**: (808)_____ SEX: Male ☐ Female ☐

6. **MARITAL STATUS:** Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐

7. **NUMBER OF DEPENDENTS**_____ **YEARS OF EDUCATION**_____ **YOUR BIRTH DATE**_____

8. I certify, under penalty of perjury, that I am a citizen or national of the U.S. ☐YES ☐NO. If no, I am in a satisfactory immigration status ☐YES ☐NO. Alien Reg. No._____ Place of Birth_____

9. Will you be referred to your next job by a labor union?..... ☐ YES ☐ NO
If yes, union name:_____ Local Number:_____

10. Did you work this week?..... ☐ YES ☐ NO
If yes, hours worked:_____ Pay Rate: $_____ /hour/month Gross Pay: $_____

11. Are you required to make or do you owe child support payments?..... ☐ YES ☐ NO
If yes, where (state)?_____

FOR OFFICE USE ONLY

CLAIM: IC AC Reopen

PROGRAM: REG EB OTHER

FILE DATE:_____

BYB/EFF DATE:_____

LO:_____ **PART/TIME** T P B

TRANS: Y N **OCC**_____
RACE: W B I S H C F J O A P
ETHNIC: 1 2 3

REMARKS

FOR OFFICE USE ONLY

11. **WORK RECORD**: LIST ALL EMPLOYMENT FULL-TIME OR PART-TIME FOR THE PAST 18 MONTHS BEGINNING WITH YOUR **CURRENT** OR MOST RECENT EMPLOYMENT. INCLUDE FEDERAL, CIVILIAN, MILITARY, AND OUT-OF STATE EMPLOYMENT.

CHARGE CODE

SF-8 Based: **Y** **N**
SF-8 Issued: **Y** **N**

EMPLOYER NAME_____
ADDRESS_____
_____
PLACE EMPLOYED_____
PH. NO._____ EMPLOYMENT TYPE: FULL-TIME ☐ PART–TIME ☐

From_____ to:_____
Type of work_____
Reason for Separation: Laid Off–Lack of Work ☐
Quit ☐; Discharged ☐; Other ☐; Still Employed ☐
Is your unemployment a result of COVID-19?
_____
_____

CHARGE CODE

SF-8 Based: **Y** **N**
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EMPLOYER NAME_____
ADDRESS_____
_____
PLACE EMPLOYED_____
PH. NO._____ EMPLOYMENT TYPE: FULL-TIME ☐ PART–TIME ☐

From_____ to:_____
Type of work_____
Reason for Separation: Laid Off–Lack of Work ☐
Quit ☐; Discharged ☐; Other ☐; Still Employed ☐
Is your unemployment a result of COVID-19?
_____
_____

CHARGE CODE

SF-8 Based: **Y** **N**
SF-8 Issued: **Y** **N**

EMPLOYER NAME_____
ADDRESS_____
_____
PLACE EMPLOYED_____
PH. NO._____ EMPLOYMENT TYPE: FULL-TIME ☐ PART–TIME ☐
*****If you have more employment, please list it on the back of this form*****

From_____ to:_____
Type of work_____
Reason for Separation: Laid Off–Lack of Work ☐
Quit ☐; Discharged ☐; Other ☐; Still Employed ☐
Is your unemployment a result of COVID-19?
_____
_____

12. Were you a director, officer, owner or shareholder of a business or corporation within the past 15 months?..... ☐ YES ☐ NO
If yes, Name of Business_____
13. Are you receiving or have you applied for any type of pension?..... ☐ YES ☐ NO
If yes, amount you are receiving monthly: $_____
14. Have you claimed, received, or applied for unemployment benefits in the past year?..... ☐ YES ☐ NO
If yes, where? City_____
15. Do you wish to have State and Federal taxes withheld?..... ☐ YES ☐ NO

I request a determination of entitlement to unemployment benefits. I understand that P.L. 98-369 requires that I furnish my Social Security number and that information regarding my claim may be furnished to authorized agencies for the purposes of income and eligibility determination. In compliance with P.L. 93-579, I authorize my former employer(s) to release all information requested in connection with my claim for unemployment insurance benefits. I have been advised that to be eligible for unemployment insurance benefits, I must register for work with the State Workforce Development Division or Union Hiring Hall within 7 days.

I CERTIFY that the information I have provided above is true to the best of my knowledge. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS OR FOR WITHHOLDING INFORMATION IN CONNECTION WITH THIS CLAIM.

_____
INTERVIEWER'S SIGNATURE CLAIMANT'S SIGNATURE DATE