

How to file my Pandemic Unemployment Application (PUA)?

A. Applicant information

In this part, you will enter your personally identifiable information. Remember to mark the corresponding boxes. See the example below.

A. APPLICANT INFORMATION				
Applicant's Name (Last, First, Middle)		Social Security Number	Date of Birth (Mo., Day, Yr.)	
Your Last name, Your First name, Your Middle initial.		000-00-0000	01/01/1900	
Applicant's Mailing Address: (Street or P.O.)		Phone Number	Sex (Check one)	
The address where you receive your mail.		(000) 000-0000	<input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	Zip Code	Are you of Hispanic or Latino ethnicity?	
CITY	STATE	00000	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Email Address		Race: (Check all that apply)		
youremailaddress@yourdomain.com		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		
Preferred Method of Contact				
<input type="checkbox"/> Phone <input type="checkbox"/> Email				

B. Applicant Employment

Enter in this section all the employers you have worked for in the last 18 months, or the self-employment you have held in the last 18 months. See the example below.

B. APPLICANT EMPLOYMENT				
In order to complete the amount of my weekly entitlement to pandemic unemployment assistance, I CERTIFY that I had the following employment and/or self-employment during the last 18 months.				
Name of Employer (or Self Employment)	Employer Address	Phone Number	Period Employed	
			From	To
ABC INC.	Your employer address.	(000) 000-0000	09/01/2018	01/30/2019
ABC 2 INC.	Your employer address.	(000) 000-0000	01/01/2019	09/01/2019
Self-employment	Your self-employment main address.	(000) 000-0000	09/02/2019	03/20/2020

C. Eligibility Questions

See below.

C. ELIGIBILITY QUESTIONS	
1.	<p>Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES", please enter the date you were expected to start work, the date your new job closed, and the name of the business.</p> <p>If you selected yes above, please answer: on what date were you told your new job would begin? On what date did your new job closed? What was the name of the business?</p>

2. Did you apply for, receive, or would you be eligible to receive if you had ever applied for:

(1) Unemployment compensation under any State or Federal law?

YES NO

(2) Any amounts for loss of wages due to illness or disability?

YES NO

(3) Any type of private income protection insurance?

YES NO

(4) Any amount as a supplemental unemployment benefit (SUB)?

YES NO

Select Yes if you worked in other state, and would you be eligible for unemployment benefits if you filed there.

Select Yes if you would be eligible to receive disability or illness benefits if you applied for them.

Select Yes if you would be eligible to receive any amount from private income protection insurance.

Select Yes if you would be eligible to receive any amount from supplemental unemployment benefits (SUB).

3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?

YES NO

If "YES", please provide the name of the employer that maintained or contributed to this retirement plan?

Select Yes if you are receiving or applied for and expect to receive retirement pay within the next 12 months. If Yes, indicate the name of the employer that contributed money to this retirement plan.

4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?

YES NO

If "YES", please enter the date you were diagnosed or when you began experiencing symptoms

Select Yes if you were diagnosed with COVID-19, OR you are experiencing COVID-19 symptoms and are seeking a medical diagnosis. If you select Yes, you must indicate in this box when you received the diagnosis OR when your symptoms began.

5. Has a member of your household been diagnosed with COVID-19?

YES NO

If "YES", please enter the date the household member was diagnosed.

Select Yes if someone that lives with you has been diagnosed with COVID-19. If you select yes, indicate when was this person diagnosed with COVID-19.

6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?

YES NO

If "YES", please enter the date the household member was diagnosed.

Select Yes if you are taking care of a member of your family or someone that lives with you who was diagnosed with COVID-19. If you select Yes, indicate when was this person diagnosed with COVID-19.

7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, that is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for you to work?

YES NO

If "YES", please enter the name of the facility that closed and the date of the closure.

Select Yes if you have the primary responsibility of taking care of someone that lives with you who is unable to attend school or other facility that closed because of COVID-19, and you need that facility to take care of this person to be able to work. If you select Yes, indicate the name of the facility and the date it was closed.

8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19? YES NO
If "YES", please enter the date you became the provider for a household.
- Select Yes if you became the primary provider for yourself and the people that live with you because the primary provider died as a direct result of COVID-19. If you select Yes, indicate when you became the primary provider for your household.
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency? YES NO
If "YES", please enter the date your place of employment closed and the name of the business.
- Select Yes if the place where you work was closed because of COVID-19. If you select Yes, indicate what is the name of your employer and when did they closed.
10. Have you quit a job as a direct result of COVID-19? YES NO
If "YES", please enter the date you quit, the name of the business, and the reason you voluntarily left work.
- Select Yes if you quit a job because of COVID-19. If you select yes, you must indicate when you quit, the employer's name, and the reason you voluntarily quit.
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19? YES NO
If "YES", please enter the reason why you are unable to reach your place of employment and the date this began.
- Select Yes if a health care provider advised you to self-quarantine due to concerns related with COVID-19, and that is the reason you are unable to go to work. If you select Yes, indicate why you cannot go to work and since when.
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency? YES NO
If "YES", please enter the reason why you are unable to reach your place of employment and the date this began.
- Select Yes if you cannot go to work because of a quarantine mandated as a direct result of COVID-19. If you select Yes, indicate since when you are not able to reach your place of employment and the reason why.
13. Do you have the ability to continue to receive payment from your employer while working from home? YES NO
If "YES", please enter the reason why you have refused to accept a teleworking option from your employer.
- Select Yes if you were given the option to work from home. If you select Yes, indicate why you refused to accept a teleworking option. If you are working from home but your hours have been reduced, indicate that as well.
14. Are you receiving paid sick leave or other paid leave benefits? YES NO
If "YES", please enter the date you began to receive paid sick leave or paid leave benefits and who you are receiving this payment from, if you know an end date please include that.
- Select Yes if you are currently receiving any paid leave benefits including sick leave. If you select Yes, indicate when you began receiving this payment, who is providing this payment to you, and, if you know, when will these payments end.

15. Are you currently self-employed? YES NO
If "YES", you MUST answer the questions in section D.

D. Self-employment Information

See below.

1. **D. SELF-EMPLOYMENT INFORMATION**
At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? YES NO
If "NO", explain.
Select Yes, if at the time of the pandemic at least 50 percent of your income came from self-employment. If you select No, provide an explanation.
2. What services did you perform?
Explain what services did you provide as a self-employed individual.
3. Do you have a business name? YES NO
If "YES", what is your business name?
Select Yes if you perform self-employment services under an alias, an assumed business name, or any other name besides your own. If you select Yes, indicate what is your business name.
4. Do you file a business return? (Ex: Schedule C, 1120 or a 1065) YES NO
If "YES", please list what returns you file.
Select Yes if you file a business return such as, but not limited to, Schedule C, 1120, or a 1065. If you select Yes, what returns you file.
5. Do you determine how the work is to be performed? YES NO
6. Do you have the right to hire someone to help you perform your services? YES NO
If "YES", can you discharge them? YES NO
7. Do you determine where the work is going to be performed? YES NO
8. Do you determine your rate of compensation? YES NO
9. Do you have an investment in tools, equipment, etc.? YES NO
If "YES", how much?
Select Yes if you purchased tools, equipment, software, or any other to perform or improve the operations of your business. If you select Yes, indicate how much you invested.
10. Can the company you provide services to terminate you? YES NO

11. Do you have more than one client? YES NO
 If "YES", how many clients do you have?

Select Yes if you perform services for more than one client. If you select Yes, indicate the number of clients you currently have.

E. Authorization for Tax Withholding

You can choose to have taxes withheld from your weekly benefit amount.

- Do you choose to have 10% of your unemployment benefits withheld for federal income taxes? YES NO
 If you select Yes, 10% of your weekly benefits will be withheld and reported to the IRS.
- Do you choose to have 6% of your unemployment benefits withheld for state income taxes? YES NO
- If you select Yes, 6% of your weekly benefits will be withheld and reported to the ODR.

F. Retroactive Filing

Enter all the weeks, after the date the pandemic was declared, that you would like to claim. Please note that our weeks start on Sunday and end on Saturday.

F. RETROACTIVE FILING									
List below all weeks following the date of the pandemic that you were totally or partially unemployment due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.									
	Week Ending	Hours Worked	Gross Earnings	Type of Earnings		Week Ending	Hours Worked	Gross Earnings	Type of Earnings
1.	Select a Saturday date	Hours worked	Earnings before deductions	- select one -	4.				- select one -
2.				- select one -	5.				- select one -
3.				- select one -	6.				- select one -

Week Ending
 Example: If you want to claim the week of March 25, you will enter here 03/28/2020.

Hours Worked
 Enter the total amount of hours you worked during the week that you are claiming.
 Example: If you are claiming the week ending on 03/28/2020, you will enter in this field the amount of hours you worked from 03/22/2020 through 03/28/2020.

Gross Earnings
 Enter the total amount of money you earned during the week before deductions.
Employed: enter the amount of money you earned for hours worked during the week. If you were paid any leave, enter the amounts as well.
Self-employed: Enter any amounts earned during the week, regardless of when the services were performed.

Type of Earnings
 Indicate if the work performed during the week was in self-employment, other type of employment or both.

For the weeks claimed above, answer the following questions by checking the appropriate box(es). Complete the information requested in the payment box below if you answer "Yes" to any questions in item 1 below.

1. Did you apply for or receive:

- a. Any insurance payments for loss of wages due to illness or disability?
- b. Any payments from private income protection insurance?
- c. Any payments of a supplemental unemployment benefit?
- d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?

YES NO

YES NO

YES NO

YES NO

YES NO

Type of each Payment Amount	Period Covered	
	From	To
Retirement Pay	08/01/2019	03/31/2020
Pension	01/01/2019	12/31/2019
Annuity	01/01/2018	12/31/2019

Enter the type of payments payable to you.

Enter the dates the amounts payable to you would cover.

2. Were you able and available for work during this week based on our [state requirements?](#)

YES NO

Please read our temporary rules and indicate if, according to the requirements listed in our temporary rules, you were able and available for work during this week.

a. If "NO", are you currently impacted by the COVID-19 public health emergency?

YES NO

i. If "YES", explain.

If you answered Yes above, explain how the COVID-19 public health emergency is currently impacting your ability and availability for work.

3. Did you refuse any work during any of the weeks claimed above?

YES NO

Answer Yes if you were offered an opportunity for work and refused to do so.

G. ReliaCard Disclosure

Please read and mark box below indicating you have read the ReliaCard information.

H. Misrepresentation

Please read information and mark box below agreeing with the statement.

I. Applicant Certification

Read the information and certify that the information supplied in the form is accurate to the best of your knowledge, and that you are a citizen, national or are in a satisfactory immigration status. You must enter your Alien registration number if applicable.

Your signature is required along with the date you are signing the document.