Pandemic Unemployment Assistance (PUA) Application

Claimant Information				
Name:				
SSN:				
Date:				

Information Regarding PUA

On March 27, 2020, the President of the United States signed a law that provides additional Unemployment Insurance (UI) assistance to workers impacted by COVID-19. This new law also provides Pandemic Unemployment Assistance (PUA). PUA extended eligibility for individuals who have traditionally been ineligible for UI benefits (e.g., self-employed workers, independent contractors).

WHO IS ELIGIBLE TO FILE FOR PUA?

Individuals are eligible for PUA if they do not qualify for regular UI benefits (including self-employed workers and independent contractors) and cannot work because:

You were diagnosed with COVID-19 (coronavirus); or

A member of your household was diagnosed with COVID-19; or

You are providing care to a household or family member diagnosed with COVID-19; or

You are the primary caregiver for a child or other person who is unable to attend school or another facility due to COVID-19; or

You are unable to reach your place of employment because of an imposed quarantine; or

You are unable to reach your place of employment because you were advised by a health care provider to spelárantine; or

You were scheduled to start work and do not have a job as a result of COVID-19; or

You became the "breadwinner" or major support provider for your household because the previous breadwinner or provider died from COVID-19; or

You quit your job because of COVID-19; or

Your place of employment is closed because of COVID-19;

AND

You are self-employed, seeking part-time employment, or do not otherwise qualify for benefits.

WHAT IS THE RELATIONSHIP TO REGULAR UI CLAIMS?

A person may file under the PUA program; however, PUA is NOT payable if the person is eligible for unemployment compensation under any state or other federal program.

HOW LONG IS PUA PAYABLE?

PUA benefits are available for up to 39 weeks. The total number of weeks must include any weeks for which you receive

Information Regarding PUA

HOW IS THE WEEKLY PUA BENEFIT RATE CALCULATED?

The PUA rate is calculated based on the regular New York State unemployment insurance (UI) formula. We use all wages in the tax year that was completed immediately before the pandemic assistance period. We include wages from covered, non-covered, and self-employment. If there are insufficient employment and wages in the base period, the rate will be one-half the state's average weekly UI benefit amount.

The PUA rate of a self-employed person who has no net earnings during the base period will be one-half the state's average weekly UI benefit amount.

An applicant may be eligible for PUA if they became the breadwinner or major support for a household because the head of the household died as a direct result of the COVID-19 pandemic. In this case, the PUA rate will be the rate the deceased head of the household would have been entitled to receive. However, if the applicant is entitled to a higher rate based on his/her own earnings, the higher rate will apply.

The maximum weekly benefit amount for PUA and regular UI benefits is the same: \$504.

WHAT REDUCTIONS ARE MADE TO THE WEEKLY PUA RATE?

The PUA rate shall be reduced by the following:

Any benefit or insurance proceeds from any source for loss of wages due to illness or disability.

A supplemental unemployment benefit (SUB PAY) pursuant to a collective bargaining agreement.

Private income protection insurance.

Any workers' compensation by virtue of the death of the head of the household as a direct result of the pandemic, prorated by weeks. This applies if the applicant became the head of the household and is seeking work because the head of the household died as a result of the COVID-19 pandemic.

The prorated amount of any retirement pension or annuity under a public or private retirement plan or system to the same extent that such amount would be deducted from regular unemployment insurance benefits under the UHaw.

Deductions for employment will be made under the same conditions as under the UI law -- 1/4 reduction for each day worked in a claim week. No **PUA** is payable if the applicant earned in excess of \$504 during a claim week.

Deductions for child support mandated by court order.

IF I AM APPROVED, HOW DO I CLAIM WEEKLY BENEFITS?

Claim PUA benefits online by using the Department of Labor's website: www.labor.ny.gov/signin

After you are signed in, you can access your weekly certification form by clicking on the menu (3-lined) button on the upper left of the screen next to the page title. You will see a menu (list) of links. Click the link labeled "My Online Forms." You will see a PUA certification form that you must complete. You may also reach your Online Forms from the My Online Services Homepage.

If you are denied Pandemic Unemployment Assistance benefits, you have a right for a hearing before an administrative law judge at no cost or obligation to you.

HOW LONG IS PUA PAYABLE?

PUA benefits are available for up to 39 weeks. The total number of weeks must include any weeks for which you receive

Unemployment Insurance Information

Did you file an Unemployment Insurance Claim during the COVID-19 Pandemic? *

Yes No

Social Security Number:



Telecommuting and Paid Leave Information

Do you have the ability to telecommute with pay?*

Yes * No

Are you receiving paid sick leave or other paid leave benefits? *

Yes * No

Section 1

Did your place of employment full-time or part-time or self-employment close, partially or fully, as a direct result of COVID-19? *

Yes No.

On what date did it close?*

03/23/2020

Are you otherwise able and available to work? *

Yes No

Section 2

Are you a worker who is only seeking part-time employment? *

Yes No

Are you self-employed? *

Yes • No

Certification for the Week: Monday 03/23/2020 - Sunday03/29/2020

Including self-employment, did you work? *

Yes * No

Did you refuse any job offer or job referral for any reason other than the following? *

Yes • No

Personal or family illness due to COVID-19

Lack of childcare during the closure of a school or facility due to COVID-19.

Quarantine restrictions issued by authorities or a medical provider.

Pandemic Unemployment Insurance covers people who are unable to work because they meet one or more of the following conditions:

Diagnosed with COVID-19.

Being tested for COVID-19.

Member of household was diagnosed with COVID-19.

Caring for someone diagnosed with COVID-19.

Caring for a child or other person who is unable to attend school or another facility that is closed due to COVID-19.

Can't reach place of employment due to a quarantine imposed by authorities.

Can't reach place of employment due to a self-quarantine ordered by a medical provider.

Workplace closed due to COVID-19.

Became the primary breadwinner of the household because the head of the household died of COVID-19.

Scheduled to start work but don't have a job due to COVID-19.

Quit a job because of COVID-19.

Other than for these reasons, were there any other days that you were not ready, willing, or able to work? *

Yes • No.

Certification for the Week: Monday 03/30/2020 - Sunday04/05/2020

Including self-employment, did you work? *

Yes • No

Did you refuse any job offer or job referral for any reason other than the following? *

Yes • No

Personal or family illness due to COVID-19.

Lack of childcare during the closure of a school or facility due to COVID-19.

Quarantine restrictions issued by authorities or a medical provider.

Pandemic Unemployment Insurance covers people who are unable to work because they meet one or more of the following conditions:

Diagnosed with COVID-19.

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Member of household was diagnosed with COVID-19.

Caring for someone diagnosed with COVID-19.

Caring for a child or other person who is unable to attend school or another facility that is closed due to COVID-19.

Can't reach place of employment due to a quarantine imposed by authorities.

Can't reach place of employment due to a self-quarantine ordered by a medical provider.

Workplace closed due to COVID-19.

Became the primary breadwinner of the household because the head of the household died of COVID-19.

Scheduled to start work but don't have a job due to COVID-19.

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Walk a Job because of COVID-19.

Other than for these reasons, were there any other days that you were not ready, willing, or able to work? *

Yes • No

Eligibility

E-Signature Disclaimer

I certify that the information I have given on this form is correct. I understand that I may be asked to provide proof to verify the correctness of this information. I have supplied the information voluntarily in order to obtain PANDEMIC 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.

✓ By checking this box, I certify that I have read and understand the e-signature disclaimer above.

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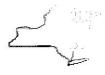
Guidance for Self-Employed Individuals

How to file an Unemployment Insurance Claim on New York State Department of Labor's Website

PERSONAL INFORMATION, PART I

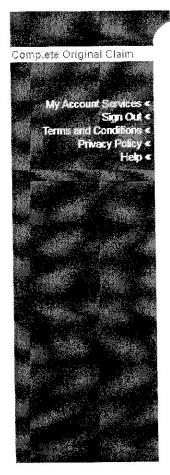
"How many employers have you worked for in the past 18 months?"

If you were only self-employed and had no other employment in the past 18 months, select "One employer" from the drop-down.



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New York State Department of Labor



Personal Information, Part I

Complete the information below to continue the online application for unemployment benefits. When you have finished, click Continue.

First Name M.L.

Last Name

Enter any other last name under which you worked during the last 18 months

Date of Birth Month ▼ Day ▼ (e.g. 2007)

New York State driver's license or the number of your NYS Non-Driver Photo ID card

I don't have a NY driver's Idense or NYS Non-Driver Photo ID card.

How many employers have you worked for in the past 18 months?

One employer

ONE EMPLOYER

Do not use your prowser's back outton as you may lose information. Review your responses at the "Review of Application Responses" section.

Continue

ELIGIBILITY INFORMATION, PART 1

Question #5. "Other than part-time work, on-call work, or owning a single-family rental unit, do you have a business or are you engaged in any activity which brings in or may bring in income?"

If you are self-employed but are not currently engaged in any activity which brings or could bring income, select "No"

np ete Original Claim	Eligibility Information, Part 1				Assume to
My Account Services < Sign Out < Tenns and Constitute < Privacy Policy *	Your answers to the following questions will help us to determine your eligibility for unemployment benefits. When you have finished click Continue	63	II. Sec.		e e e e e e e e e e e e e e e e e e e
	1. Did you lose all of your employment in the last 18 months due to lage of vigos?	Yes	No		
	→1a. If you answered ino to question 1 did you earn more than \$4500 gross pay from your most recent employer?	Yes	No	NA	· Marines
	2. In the past 18 months, were you an employee of an est-cations.	Yes	No		1
	→2a. If you answered 'yes' to question 2, are you filing this claim between academic terms or years, or during a customary vacation or holiday recess?	Yes	No	NA	Ĭ
	⇒2a 1. If you answered 'yes' to question 2a, have you been given a verbal or written offer of continuing work for an educational institution?	Yes	No	NA	1
	3. Are you currently or were you during the past 18 months an officer of a composition in which you have a financial interest or are involved in any decision-making?	Yes	No		* dam
	4. During the past 18 months, cid you work or perform services for a <u>business factor partly twined by a relative</u> or where a relative is a partner or corporate officer?	Yes	No		i i
	If you answered 'yes' to question 4, please answer questions 4a	and 4b			
	→4a. Do you currently perform any duties for the business of are you involved in any decision making for the business? You must report any work activity when you certify for benefits.	Yes	No	NA	87
	⇒4b. Is the relative's business a sole proprietorship?	Yes	No	NA	
	If you answered 'yes' to question 4b:				
	⇒4b.1 is the relative your spouse?	Yes	No	NA	L
	⇒4b.2 is the relative your parent?	Yes	No	1	1
	5. Other than part-time work, on-call work, or owning a single-family rental unit, do you have a business or are you engaged. If any activity which brings in or may bring in income?	Yes	● No •		YO

MOST RECENT EMPLOYER INFORMATION, PART 1

"The Federal Employer Identification Number (FEIN) is a 9-digit number which can be found on your copy of the W-2 form from the employer."

"Federal Employer Identification (FEIN):" Leave blank

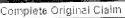
"If you do not know the FEIN, enter your most recent employer's New York State Employer Registration Number (ER) Number. The ER number is a 7-digit number which can be found on the IA 12.3 Record of Employment form which your employer may have provided you."

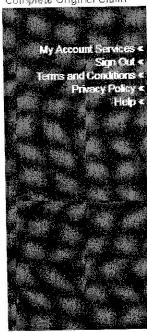
"New York State Employer Registration Number (ER Number)" Leave blank



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Most Recent Employer Information, Part 1

If you know your most recent employer's Federal Employer Identification Number (FEIN), or New York State Employer Registration Number (ER Number), enter the number in the appropriate field below.

The Federal Employer Identification Number (FEIN) is a 9-cigit number which can be found on your copy of the W-2 form from the employer. LEAVE BLANK

→Federal Employer, dentification Number (FEIN)

Leave blank

If you do not know the FEIN, enter your most recent employer's New York State Employer Registration Number (ER Number). The ER number is a 7-digit number which can be found on the IA 12.3 Record of Employment form which your employer may have provided you.

→New York State Employer Registration Number (ER Number)

Leave blank

LEAVE BLANK

MOST RECENT EMPLOYER INFORMATION, PART 2

"Provide the following information about your most recent employer. When you have finished, click Continue."

"Last Employer Name"

Type "Self-employed"

"Address"

UNINGER TO

Enter either your business or residential address

"Employer's telephone number:"

Enter either your business or residential phone number

or cell number

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Most Recent Employer Information, Part 2

Provide the following information about your most recent employer. When you have finished, click Continue,

Last Employer Name Self-employed

Address (Number and Street) | Either your business or residential address

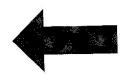


City anywhere

State New York

Zip Code 12345

Employer's telephone number Your business or residential phone number (including area code) or cell number



What was your first day of work with this employer?

April

14 ▼ 2007

(e.g. 2007)

Last day worked 05/12/2019