

For Department Use Only	
Date Received:	_____
Date Postmarked/Faxed:	_____
Effective Date:	_____

UNEMPLOYMENT INSURANCE APPLICATION

FILING INSTRUCTIONS

Complete this application including any applicable attachment(s). Print or type the information. Use blue or black ink only.

Answer all questions on each page. Review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied. If the Department needs to verify any of the information you provide while filing a claim, you will receive additional forms by mail and will be asked to provide additional information and/or documentation.

APPLICATION QUESTIONS

The answers you give to the questions on this application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.

<p>1. What is your Social Security Number as given to you by the Social Security Administration?</p> <p>a) If EDD assigned you an EDD Client Number (ECN), please provide the ECN here. (An ECN is a 9-digit number beginning with 999.)</p>	<p>1. _____</p> <p>a) _____</p>
<p>2. List any other Social Security Numbers you have used.</p>	<p>2. _____</p> <p>_____</p>
<p>3. What is your <u>full</u> name?</p>	<p>3. Last _____</p> <p>First _____</p> <p>Middle Initial _____</p>
<p>4. Is this the name that appears on your Social Security card?</p> <p>a) If no, provide the name that appears on your Social Security card.</p>	<p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Last _____</p> <p>First _____</p> <p>Middle Initial _____</p>
<p>5. List any other names you have used.</p>	<p>5. _____</p> <p>_____</p>
<p>6. What is your birth date?</p>	<p>6. _____ (mm/dd/yyyy)</p>
<p>7. What is your gender?</p>	<p>7. <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>8. Would you prefer your written material in English or Spanish?</p> <p>a) What is your preferred spoken language?</p>	<p>8. <input type="checkbox"/> English <input type="checkbox"/> Spanish</p> <p>a) _____</p>
<p>9. Have you filed a California Unemployment Insurance or a Disability Insurance claim in the last two years?</p> <p>a) If yes, please list for each type of claim, the most recent date(s) of when the claim(s) was filed.</p>	<p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unemployment Claim Date(s) (mm/dd/yyyy)</p> <p>_____</p> <p>Disability Claim Date(s) (mm/dd/yyyy)</p> <p>_____</p>

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<p>10. Do you have a Driver's License issued to you by a state/entity?</p> <p>a) If yes, provide the name of the issuing state/entity and your Driver's License number.</p> <p>If no, answer questions b-d:</p> <p>b) Do you have an Identification Card issued to you by a state/entity?</p> <p>c) If yes, provide the name of the issuing state/entity and your Identification Card number.</p> <p>d) How do you look for work and, if you have work, how do you get to work?</p>	<p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Name of issuing state/entity: _____ Driver's License Number: _____</p> <p>If no, answer questions b-d:</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Name of issuing state/entity: _____ Identification Card Number: _____</p> <p>d) Please Explain: _____ _____ _____</p>
<p>11. What is your telephone number?</p> <p>a) If you are deaf, hard of hearing, or have a speech disability and use TTY or California Relay to communicate, check the appropriate box.</p>	<p>11. (____) _____ - _____</p> <p>a) <input type="checkbox"/> TTY (Non Voice) <input type="checkbox"/> California Relay Service</p>
<p>12. What is your mailing address? (Include your city, state, and ZIP code)</p>	<p>12. Street: _____ Apt. _____ City: _____ State: _____ ZIP Code: _____</p>
<p>13. Is your residence address the same as your mailing address?</p> <p>a) If no, enter your residence address. (Include your city, state, ZIP code and apartment number.) A residence address cannot be a P.O. Box. Please provide a street address.</p>	<p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Street: _____ Apt. _____ City: _____ State: _____ ZIP Code: _____</p>
<p>14. If you do not live in California, what is the name of the County in which you live?</p>	<p>14. _____</p>
<p>15. What is the highest grade of school you have completed? Check only one box.</p> <p><input type="checkbox"/> Did not complete High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some college or vocational school</p> <p><input type="checkbox"/> Associate of Arts <input type="checkbox"/> Bachelor of Arts or Science <input type="checkbox"/> Masters or Doctorate</p>	
<p>16. Are you a Military Veteran?</p>	<p>16. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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17. Provide your employment and wages information for the past 18 months. If you worked for a temporary agency, a labor contractor, an agent for actors or actresses, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer name. You may want to refer to your check stub(s) or W-2(s) to obtain the name of your employer.

- a) Name(s) of **all employers** you worked for in the last 18 months.
- b) Period of employment (Dates Worked).
- c) Total Wages earned for **each employer** in the last 18 months.
- d) How you were paid (specify hourly, weekly, monthly, annually, commission, or at piece rate).
- e) Check the appropriate "Yes/No" box if the employer is (or is not) a school or educational institution.

NOTE: It is very important that you report the employer name(s), period of employment and wages correctly. Failure to provide complete information will result in your benefits being delayed or denied.

a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____ - _____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____ - _____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____ - _____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____ - _____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____ - _____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____ - _____			
18. During the past 18 months did you work for any other employers not listed in question 17? If yes, list the employer name, dates worked, total earnings, and how you were paid on a separate sheet of paper. Attach the additional sheet of paper to this application.	18. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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<p>19. Which employer in question 17 did you work for the longest?</p> <p>a) What type of business was operated by the employer? (Please be specific. For example, restaurant, dry cleaning, construction, book store.)</p> <p>b) How long did you work for that employer?</p> <p>c) What type of work did you do for that employer?</p>	<p>19. Employer name: _____</p> <p>a) Type of business: _____</p> <p>b) Years _____ Months _____</p> <p>c) _____</p>
<p>20. What is your usual occupation?</p>	<p>20. _____</p>
<p>21. Is your usual work seasonal?</p> <p>If yes, answer questions a-c:</p> <p>a) When does the season usually begin?</p> <p>b) When does the season usually end?</p> <p>c) What other work related skills do you have?</p>	<p>21. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-c:</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>
<p>Please provide information on your very last employer. This is the employer you last worked for regardless of the length of time you worked at that job, the type of work you did for that employer or whether or not you have been paid.</p> <p>Reminder: To file a claim, individuals must be out of work or working less than full time. You must provide information on the last employer you worked for as an employee. Do not include self-employment unless you have elective coverage.</p>	
<p>22. What is the last date you actually worked for your very last employer?</p> <p>a) What are your gross wages for your last week of work? For unemployment insurance purposes, a week begins on Sunday and ends the following Saturday.</p> <p>b) What is the complete name of your very last employer?</p> <p>c) What is the mailing address of your very last employer?</p> <p>d) Is the physical address of your very last employer the same as their mailing address? (A physical address cannot be a P.O. Box. Please provide a street address.)</p> <p style="padding-left: 40px;">If no, what is the physical address of your very last employer?</p> <p>e) What is the telephone number of your very last employer at their physical address?</p> <p>f) What is the name of your immediate supervisor?</p> <p>g) Briefly explain in your own words the reason you are no longer working for your very last employer, within the space provided. Please do not include any attachments.</p>	<p>22. _____ (mm/dd/yyyy)</p> <p>a) \$ _____</p> <p>b) Name _____</p> <p>c) Mailing address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Physical address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>e) (____) _____ - _____</p> <p>f) _____</p> <p>g) Reason: _____ _____ _____ _____</p>

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23. Are you (directly or indirectly) out of work with **any** employer (last employer or any employer in the last 18 months) due to a trade dispute, such as a strike or a lockout? Yes No

If yes and a union was/is involved, answer questions a-b:

If yes and a union was not/is not involved, answer questions c-e:

a) What is the name and telephone number of the union?
 Name _____
 Phone: (____) _____ - _____

c) How many employees left work? _____
 d) Was there a spokesperson for the employees? Yes No
 e) If yes, what is his/her name and telephone number?

b) Are you going to receive strike benefits? Yes No

Name: _____
 Phone: (____) _____ - _____

24. Are you currently working for or do you expect to work for any school or educational institution or perform school-related work?

24. Yes No

If yes, answer questions a-e:

If yes, answer questions a-e:

a) Provide the following information for the school or educational institution(s).

a) Name _____
 Mailing Address:
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: (____) _____ - _____

b) Are you a substitute teacher for Los Angeles Unified School District (LAUSD)?

a) Name _____
 Mailing Address:
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: (____) _____ - _____

If yes, answer question 1)

b) Yes No

If yes, answer question 1)

1) Have you restricted your availability to work with LAUSD?

1) Yes No

If yes, provide the following dates you restricted your availability and the reason why your availability is restricted.

Dates From: _____ (mm/dd/yyyy)
 To: _____ (mm/dd/yyyy)

Reason: _____

c) Are you currently in a recess period or off track?

c) Yes No

d) Do you have reasonable assurance to return to work after the recess period or the off track period with any school or educational institution?

d) Yes No
 If yes, when? _____ (mm/dd/yyyy)

e) What is the beginning date of your next recess or the next off track period?

e) _____ (mm/dd/yyyy)

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<p>25. Do you expect to return to work for any former employer?</p>	<p>25. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. Do you have a date to start work with any employer? If yes, answer question a: a) What date will you start work?</p>	<p>26. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer question a: a) _____ (mm/dd/yyyy)</p>
<p>27. Are you a member of a union? If yes, answer questions a-e: a) What is your union name and local number? b) Are you in good standing with your union? c) Does your union look for work for you? d) Does your union control your hiring? e) Are you registered with your union as out of work?</p>	<p>27. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-e: a) _____ b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No d) <input type="checkbox"/> Yes <input type="checkbox"/> No e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Are you currently attending, or do you plan on attending school or training? If yes, answer question a-e: a) What is the starting date of the school or training? b) What is the ending date of the current session? c) What is the name of the school? d) What is the telephone number of the school? e) What are the days and hours you are attending, or plan to attend, school? NOTE: If you completed apprenticeship training, use the space provided above to report the information. Be sure to mail your training certificate with your Continued Claim Form, DE 4581, for the week(s) of training.</p>	<p>28. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-e: a) _____ (mm/dd/yyyy) b) _____ (mm/dd/yyyy) c) _____ d) (____) ____ - _____ e) Days and hours _____ _____</p>
<p>29. Are you available for immediate full-time work in your usual occupation? a) If no, please explain why you are not available for full-time work.</p>	<p>29. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Explanation: _____ _____</p>
<p>30. Are you available for immediate part-time work in your usual occupation? a) If no, please explain why you are not available for part-time work.</p>	<p>30. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Explanation: _____ _____</p>
<p>31. Are you currently self-employed, or do you plan to become self-employed? (Self-employment means you have your own business or work as an independent contractor.)</p>	<p>31. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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<p>32. Are you now, or have you been in the last 18 months an officer of a corporation or union or the sole or major stockholder of a corporation?</p> <p>If yes, answer question a:</p> <p>a) Include name of organization and your title or position.</p>	<p>32. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) _____</p>
<p>33. Are you currently receiving a pension?</p> <p>If yes, answer question a:</p> <p>a) Are you currently receiving more than one pension?</p> <p style="padding-left: 20px;">If yes, proceed to question 35. If no, answer questions b-f:</p> <p>b) What is the name of the pension provider?</p> <p>c) Is the pension based on another person's work or wages?</p> <p>d) Is the pension a union pension or a pension funded by more than one employer?</p> <p>e) What is the name of the employer(s) paying into the pension?</p> <p>f) Did you work for that employer in the last 18 months?</p>	<p>33. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If yes, proceed to question 35. If no, answer questions b-f:</p> <p>b) _____</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) _____</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>34. Will you receive any additional pension(s) in the next twelve months?</p> <p>If yes, answer questions a-b:</p> <p>a) What is the name of the pension provider(s)?</p> <p>b) When will you receive the pension(s)?</p>	<p>34. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-b:</p> <p>a) _____</p> <p>b) _____ (mm/dd/yyyy) _____ (mm/dd/yyyy)</p>
<p>35. Are you receiving, or do you expect to receive, Workers' Compensation?</p> <p>If yes, answer questions a-d:</p> <p>a) Who is the insurance carrier?</p> <p>b) What is the insurance carrier's telephone number?</p> <p>c) What is the case number, if known?</p> <p>d) What are the dates of your claim, if known?</p>	<p>35. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) (____) ____-____</p> <p>c) _____</p> <p>d) From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)</p>

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36. Have you received or do you expect to receive, any payments from your last employer, other than your regular salary? (Example: holiday pay, vacation pay, severance pay, in-lieu-of-notice pay, etc.) Yes No

If yes, please provide the information requested in sections A-D.

A. TYPE OF PAYMENT (Example: vacation pay)	B. AMOUNT OF PAYMENT (Example: \$600)	C. PAID FROM (Date: mm/dd/yyyy)	D. PAID TO (Date: mm/dd/yyyy)

37. Are you a U. S. citizen or national?

If no, answer question a:

a) Are you registered with the Bureau of Citizenship and Immigration Services (BCIS, formerly INS) and authorized to work in the United States?

If you are registered with BCIS, answer questions b-e:

b) What is your Alien Registration Number?

c) What is the expiration date of your work authorization?

d) Were you legally entitled to work in the United States for the last 19 months?

e) What is the title and number of your BCIS document?

37. Yes No

If no, answer question a:

a) Yes No

If yes, answer questions b-e:

b) _____

c) _____ (mm/dd/yyyy)

d) Yes No

e) Check one of the following:

- Alien Registration Receipt Card (I-151)
- Resident Alien Card (I-551)
- Permanent Resident Card (I-551)
- Employment Authorization Card (I-766)
- Employment Authorization Card (I-688A)
- Temporary Resident Card (I-688)
- Employment Authorized (I-688B)
- Arrival/Departure Record (I-94)
- Stamp on Visa

(Stamp states: "Processed for I-551 Temporary Evidence of Lawful Admission of Permanent Residence valid until MMDDYYYY, Employment Authorized.")

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<p>38. What race or ethnic group do you identify with?</p>	<p>38. Check one of the following:</p> <table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Black not Hispanic</td></tr><tr><td><input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> American Indian/Alaskan Native</td><td><input type="checkbox"/> Chinese</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Filipino</td></tr><tr><td><input type="checkbox"/> Other Pacific Islander</td><td><input type="checkbox"/> Guamanian</td></tr><tr><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Japanese</td></tr><tr><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Laotian</td></tr><tr><td><input type="checkbox"/> Samoan</td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> Hawaiian</td><td></td></tr><tr><td><input type="checkbox"/> I choose not to answer</td><td></td></tr></table>	<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian		<input type="checkbox"/> I choose not to answer	
<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic																				
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian																				
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese																				
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Filipino																				
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Guamanian																				
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese																				
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian																				
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese																				
<input type="checkbox"/> Hawaiian																					
<input type="checkbox"/> I choose not to answer																					
<p>39. Do you have a disability? (A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)</p>	<p>39. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p>																				

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SUPPLEMENTAL FORM FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA) – ATTACHMENT D

Please complete the following if you are unemployed or partially unemployed due to a disaster as you may be eligible for DUA benefits:

<p>1. Are you unemployed as a direct result of a recent disaster in California, such as an earthquake, flood, mudslide, wildfire, etc?</p> <p>If yes:</p> <p>a) Identify the type of disaster.</p> <p>b) At the time of the disaster, in which county did you reside?</p> <p>c) At the time of the disaster, in which county did you work?</p> <p>d) At the time of the disaster, was your unemployment caused by your need to travel through a disaster area?</p> <p>If yes:</p> <p>Identify the disaster county or counties that prevent travel to your job.</p> <p>e) Check the following that best applies to you:</p> <p>f) If you selected item e1 or e3 above, how many hours did you work prior to the disaster?</p> <p>g) If you selected e3 or e4 above briefly describe how the disaster affected your ability to continue or begin your self-employment.</p> <p>h) What is the physical address of your business?</p>	<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>e) 1) <input type="checkbox"/> An employee who is unable to work as a direct result of the disaster.</p> <p>2) <input type="checkbox"/> An individual who was scheduled to start work for an employer, but could not because of the disaster.</p> <p>3) <input type="checkbox"/> A self-employed individual who is unable to work as a direct result of the disaster.</p> <p>4) <input type="checkbox"/> An individual who intended to begin self-employment, but could not because of the disaster.</p> <p>5) <input type="checkbox"/> An individual who became head of household as a result of the disaster.</p> <p>f) _____</p> <p>g) _____</p> <p>_____</p> <p>_____</p> <p>h) Street: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p>
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DO NOT MAIL OR FAX THIS PAGE

SUBMITTING YOUR APPLICATION

Be sure to review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied.

Submit your completed application including any applicable attachment(s) by mail or fax:

By MAIL to the following address:	EDD P.O. Box 5007 Buena Park, CA 90622-5007 NOTE: Extra postage is required.
By FAX to the following telephone number:	1-866-215-9159

Once you submit your application, allow ten days for processing of your claim. You will receive Unemployment Insurance (UI) claim materials by mail. If you have not received any UI claim materials after ten days from the date you submitted your application, call one of the following toll-free telephone numbers:

English 1-800-300-5616	Spanish 1-800-326-8937	Mandarin 1-866-303-0706
TTY (Non Voice) 1-800-815-9387	Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058

Date Submitted: ___/___/___ by Mail or Fax

KEEP THIS PAGE FOR YOUR RECORDS