

# INITIAL APPLICATION FOR PANDEMIC UNEMPLOYMENT ASSISTANCE

## A. APPLICANT INFORMATION

Applicant's Name (Last, First, Middle)			Social Security Number	Date of Birth (Mo., Day, Yr.)
Applicant's Mailing Address: (Street or P.O.)			Phone Number	Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code	Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Email Address			Race: (Check all that apply) <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				

We verify all social security numbers through a computer match with the Social Security Administration. Your unemployment insurance application can not be completed if this match is not successful.

The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming unemployment compensation. Your Social Security Number will be used to report your unemployment benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. The number will be sent to the Social Security Administration for identity verification. The number may be used for state agency debt collection activities and may be sent to U.S. Bank to issue you a ReliaCard VISA card through which you will be paid benefits.

## 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

## C. ELIGIBILITY QUESTIONS

Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency? ☐ YES ☐ NO

If "YES", please enter the date you were expected to start work, the date your new job closed, and the name of the business.

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?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (2) Any amounts for loss of wages due to illness or disability? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (3) Any type of private income protection insurance?            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (4) Any amount as a supplemental unemployment benefit (SUB)?    | <input type="checkbox"/> YES <input type="checkbox"/> NO |

<p>Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?</p> <p>If "YES", please provide the name of the employer that maintained or contributed to this retirement plan?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?</p> <p>If "YES", please enter the date you were diagnosed or when you began experiencing symptoms</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Has a member of your household been diagnosed with COVID-19?</p> <p>If "YES", please enter the date the household member was diagnosed.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?</p> <p>If "YES", please enter the date the household member was diagnosed.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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?</p> <p>If "YES", please enter the name of the facility that closed and the date of the closure.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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?</p> <p>If "YES", please enter the date you became the provider for a household.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Has your place of employment closed as a direct result of the COVID-19 public health emergency?</p> <p>If "YES", please enter the date your place of employment closed and the name of the business.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you quit a job as a direct result of COVID-19?</p> <p>If "YES", please enter the date you quit, the name of the business, and the reason you voluntarily left work.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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?</p> <p>If "YES", please enter the reason why you are unable to reach your place of employment and the date this began.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>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?</p> <p>If "YES", please enter the reason why you are unable to reach your place of employment and the date this began.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you have the ability to continue to receive payment from your employer while working from home?</p> <p>If "YES", please enter the reason why you have refused to accept a teleworking option from your employer.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Are you receiving paid sick leave or other paid leave benefits?</p> <p>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.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Are you currently self-employed?</p> <p>If "YES", you MUST answer the questions in section D.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>D. SELF-EMPLOYMENT INFORMATION</b></p>	
<p>At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood?</p> <p>If "NO", explain.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>What services did you perform?</p>	
<p>Do you have a business name?</p> <p>If "YES", what is your business name?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you file a business return? (Ex: Schedule C, 1120 or a 1065)</p> <p>If "YES", please list what returns you file.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you determine how the work is to be performed?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you have the right to hire someone to help you perform your services?</p> <p>If "YES", can you discharge them?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you determine where the work is going to be performed?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you determine your rate of compensation?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you have an investment in tools, equipment, etc.?</p> <p>If "YES", how much?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Can the company you provide services to terminate you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have more than one client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", how many clients do you have?	

**E. AUTHORIZATION FOR TAX WITHHOLDING**

Any unemployment insurance benefits you receive are fully taxable income if you are required to file a tax return. You may need to make estimated tax payments. For more information on estimated tax payments, contact the Internal Revenue Service. For state tax information, contact the Oregon Department of Revenue.

You may choose to have 10% of your benefits withheld for federal taxes and/or 6% for state taxes.

Do you choose to have 10% of your unemployment benefits withheld for federal income taxes? ☐ YES ☐ NO

Do you choose to have 6% of your unemployment benefits withheld for state income taxes? ☐ YES ☐ NO

This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.

**F. RETROACTIVE FILING**

List below all weeks following the date of the pandemic that you were totally or partially unemployed 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.				4.			
2.				5.			
3.				6.			

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

Type of each Payment Amount	Period Covered	
	From	To

2. Were you able and available for work during this week based on our [state requirements](#)? ☐ YES ☐ NO

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

i. If "YES", explain.

3. Did you refuse any work during any of the weeks claimed above? ☐ YES ☐ NO

## G. RELIACARD DISCLOSURE

U.S. Bank ReliaCard ® Pre-Acquisition Disclosure

Program Name: Oregon Unemployment Insurance

Reference Date: June 2017

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card.

Ask your agency for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <b>\$2.00*</b> out-of-network	<b>N/A</b>
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$2.00 per month

### We charge 3 other types of fees.

\* This fee can be lower depending on how and where this card is used.

See the accompanying Fee Schedule for free ways to access your funds and balance information.

No overdraft/credit feature.

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid).

Find details and conditions for all fees and services inside the card package or call 1-855-279-1270 or visit [usbankreliacard.com](http://usbankreliacard.com).

U.S. Bank ReliaCard ® Fee Schedule

Program Name: Oregon Unemployment Insurance

Effective Date: May 2018

All fees	Amount	Details
<b>Get cash</b>		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdrawal cash off your card from a teller at a bank or credit union that accepts (Visa®).
<b>Information</b>		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
<b>Using your card outside the U.S.</b>		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.

International ATM Withdrawal	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
<b>Other</b>		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.
<p>Your funds are eligible for FDIC Insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See <a href="https://fdic.gov/deposit/deposits/prepaid.html">fdic.gov/deposit/deposits/prepaid.html</a> for details.</p> <p>No overdraft/credit feature.</p> <p>Contact Cardholder Services by calling 1-855-279-1270, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit <a href="https://usbankreliacard.com">usbankreliacard.com</a>.</p> <p>For general information about prepaid accounts, visit <a href="https://cfpb.gov/prepaid">cfpb.gov/prepaid</a>. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit <a href="https://cfpb.gov/complaint">cfpb.gov/complaint</a>.</p>		
<input type="checkbox"/> I have read the ReliaCard Information		
<b>H. MISREPRESENTATION</b>		
<p>I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
<b>I. APPLICANT CERTIFICATION</b>		
<p>I certify that the information I have given on this form is correct, and that 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 to which I am not entitled to receive under the ACT. The information gathered by the Employment Department may be used by other state and federal agencies for verification of eligibility for other programs. Therefore, I AUTHORIZE the Employment Department to release TO ANY SOURCE the information for purposes authorized under Employment Department law. Furthermore, I attest under penalty of perjury that:</p> <p>I am a citizen or national of the United States <span style="margin-left: 100px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p>If NO, are you in satisfactory immigration status? <span style="margin-left: 10px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Alien Reg # _____</p> <p>Signature _____ Date (Month, Day, Year) _____</p>		
<p>If you are found to be eligible for PUA we will establish a minimum claim of \$205. If you wish to have us evaluate your claim for an increased weekly benefit amount, you must provide proof of income for tax year 2019. In order to have the possibility of a higher claim amount you must have earnings in excess of \$16,480 for the year 2019. You can utilize the <a href="#">form 196PUA</a> to identify how much you may be eligible to receive.</p>		
<b>Please submit your completed application to:</b>		
Oregon Employment Department PO Box 14165 Salem, Oregon 97311	Fax: (503) 371-2893	Questions: <a href="mailto:OED_PUA_INFO@oregon.gov">OED_PUA_INFO@oregon.gov</a> Disclaimer: Information you send via email may not be secure.
<p><i>The Oregon Employment Department is an equal opportunity program/employer. The following services are available free of cost upon request: Auxiliary aids or services and alternate formats to individuals with disabilities and language assistance to individuals with limited English proficiency. Ask one of our staff for more information.</i></p> <p><i>El Departamento de Empleo de Oregon es un programa/empleador que respeta la igualdad de oportunidades. Disponemos de los siguientes servicios a pedido y sin costo: Servicios o ayudas auxiliares, y formatos alternos para personas con discapacidades y asistencia de idiomas para personas con conocimiento limitado del inglés. Para mayor información, pregunte a nuestro personal.</i></p>		