

Maryland's BEACON Unemployment Insurance Application

Welcome to the Maryland Division of Unemployment Insurance BEACON System. You will be able to file a claim for many unemployment benefit programs using a single application, including regular Unemployment Insurance (UI), Pandemic Unemployment Assistance (PUA), Pandemic Emergency Unemployment Compensation (PEUC), and Extended Benefits (EB). You can also use this site to request your benefit payments each week by filing a claim certification.

☐ **Web Accessibility Mode for the Visually Impaired**

[Get Started with BEACON](#)

Get Started

Have you ever filed for unemployment insurance benefits in Maryland?

☐ Yes ☒ No



Begin My BEACON One-Stop Application

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benefits. I understand that information regarding my claim may be provided to requesting agencies defined in DEFRA for the purposes of income and eligibility and verification. I understand that my SSN will be verified with the Social Security Administration.

I have read and agree with the above: * ☐

Social Security Number: *



Confirm your Social Security Number: *



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Claimant Authentication

Claimant Authentication

1. Birth Date: * 
2. Gender: * ☐ Female ☒ Male ☐ I prefer not to answer
3. First Name (as it appears on your Social Security card): *
4. Middle Initial:
5. Last Name: *
6. Suffix:
7. Other First Name:
8. Other Middle Initial:
9. Other Last Name:
10. Other Name Suffix:
11. Driver's License / State ID Card Number:
12. Issued by State: 

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Create Account

Create a Username to be used to access this website in the future. Enter your Username and Check Availability before continuing.

Username (A Username must be alpha-numeric and be between 8 and 64 characters in length):

*

[Check Availability](#)

Please enter a password and then select and answer the security questions.

Password (Must be at least 8 characters long, should contain at least 1 upper case, 1 lower case, 1 non-alphabetic character [such as \$, #, %, *] and 1 numeric character):

*

Confirm Password:

*

Security Question 1:

*

Security answer 1:

*

Confirm security answer 1:

*

Security Question 2:

*

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Username And Password

You must complete and submit your application by Saturday 10/03/2020 11:59 PM EST for your claim to be effective this week.

If you exit the application prior to submitting your claim, you may return to your claim by using the "Complete Unemployment Insurance Claim" link from the UI main page. Login with this username and password to complete and submit your application. Any information that you entered will only be saved until the deadline, Saturday 10/03/2020 11:59 PM EST.

Information entered but not submitted by the Saturday deadline is deleted. Note: Your username and password is not saved for future use if your claim is not submitted this week.

To continue filing your claim select NEXT

Last Day of Employment

Please provide the date you were separated from employment or your hours were reduced:

or

*


Please provide the date on which you were no longer able to provide goods and/or services through your own business:

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Residential Address

☐ I do not have a residential address

Country:	* UNITED STATES OF AMERICA (USA) ▼
Address Line 1:	* <input type="text"/>
Address Line 2:	<input type="text"/>
City:	* <input type="text"/>
State:	* <input type="text"/> ▼
ZIP/Postal Code:	* <input type="text"/> - <input type="text"/>

Mailing Address

Check this box if your mailing address is same as your residential address: ☒

Country: UNITED STATES OF AMERICA (USA)

Address Option

Address Options

There are no addresses in the US Post Office database that match the address you entered. Select Next to keep this address and proceed or select Previous to enter another address.

Entered Address

Initial Questions

Initial Questions

Tell us about your employment:

1. Indicate all type(s) of employment you had since 04/01/2019:*

- ☒ I have not worked since 04/01/2019
- ☐ I worked for an employer in Maryland (excluding military and federal civilian employment)
- ☐ I worked for an employer in another state (excluding military and federal civilian employment)
- ☐ I was employed by the Military in Active Duty
- ☐ I was employed as Federal Civilian
- ☐ Self-Employed (Sole Proprietor, Independent Contractor, Gig Worker, on my own farm):
- ☐ Peace Corps Volunteer
- ☐ Federal Contractor

☐ Peace Corps volunteer

☐ Federal Contractor

2. Have you filed an unemployment claim in another state within the last year? * ☐ Yes ☒ No

Note: If you have had employment in Canada since 04/01/2019 , contact the claim center at 1-410-949-0022 to file your claim.

3. I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency. * ☒ Yes ☐ No

4. I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19. * ☐ Yes ☒ No

No Employment Within the Last 18 Months

You have indicated no employment since 04/01/2019. If you have no wages, you may not be monetarily eligible for unemployment insurance benefits. You should continue and submit this application if you require an official determination of monetary eligibility.

If you would like to complete the benefit application, select 'Next'.

Contact Information

Email Address: *

Phone number: *

☐ I do not have a phone number

Note: This agency may use telephone contact as a method to obtain information, resolve issues and conduct hearings relating to claims for benefits.

Communication Preference

How would you like to receive your notifications and communication? * Email

Re-enter Email Address: *

Primary Language

The Maryland Unemployment Insurance Agency provides translation services to assist you.

Contact Information

Email Address: *

Phone number: *

☐ I do not have a phone number

Note: This agency may use telephone contact as a method to obtain information, resolve issues and conduct hearings relating to claims for benefits.

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1. Race:

2. Are you of Hispanic Heritage?

3. Are you a military veteran?

4. Have you registered with the Selective Service if required by law to do so?
Your response to this question will not affect your unemployment insurance.

5. Do you have a Disability?

6. Select the highest level of education you have completed.

* White

* ☐ Hispanic or Latino
☒ Not Hispanic or Latino
☐ I choose not to answer

* ☐ Yes
☒ No

* ☐ Yes
☒ No
☐ Not Applicable

* ☐ Yes
☒ No
☐ I choose not to answer

* Bachelor's Degree

7. Are you a U.S. citizen?

8. If you have qualified dependent children, you may be eligible to collect additional benefits.
Do you wish to apply for [dependent allowances](#)?

If Yes, select NEXT to enter dependent information.
If No, select NEXT to continue your registration.

* ☒ Yes ☐ No

* ☐ Yes ☒ No

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Disclosure

Disclosure Agreement

In order to provide benefit payments quickly and securely, the State of Maryland issues unemployment insurance benefit payments with the Maryland Unemployment Insurance (UI) Benefits Debit Card. To request benefit payments be mailed to you by check, please contact the Agency by calling: 1-877-293-4125.

This Visa® debit card is issued through Bank of America. There is no activation fee or purchase fee to use the Bank of America Visa® debit card.

[Disclosure](#) - You do not have to receive your payments on this benefits card. Please contact the Agency to request a different method of payment.

☒ Check here to indicate that you have read and understood the disclosures related to Maryland UI benefit payment methods.

Ok Print

<https://t.me/cashoutsomethingElitee>

* ☒ Pay my benefits via an unemployment debit card

[Disclosure](#)

Tax Withholding

Unemployment benefits are taxable income under both Federal and State law. I authorize the State Unemployment Insurance Agency to do the following regarding income tax withholding:

- * ☐ Both Federal income tax at the rate of 10% and Maryland State income tax at the rate of 7%
☐ Federal income tax at the rate of 10%
☐ Maryland State income tax at the rate of 7%
☒ I choose not to have any income tax withheld at this time

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* ☒ Pay my benefits via an unemployment debit card

[Disclosure](#)

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<https://t.me/cashoutsomethingElitee>

Work Information

1. Are you a union member in good standing who is currently seeking work exclusively through a union hiring hall or business agent? * ☐ Yes ☒ No

Occupation Information

Enter your Customary Occupation:

* ACCOUNTANT

Search

Select the job title that most closely matches your occupation. If not listed, search again using a different word to describe your job.

Search Results

Select	Job Title	Job Description
<input checked="" type="radio"/>	Accountants	Analyze financial information and prepare financial reports to determine or maintain record of assets, liabilities, profit and loss, tax liability, or other financial activities within an organization.
<input type="radio"/>	Accountants	Examine, analyze, and interpret accounting records to prepare financial statements, give advice, or audit

a. Payments from a pension or retirement account? This includes periodic or lump sum payments from union pension funds, 401K accounts, and profit sharing paid by your employer into a retirement account. If YES, which one? * ☐ Yes ☒ No

b. Severance pay or wage continuation pay or wages in lieu of notice? * ☐ Yes ☒ No

c. Bonus Pay or Special Pay? (Bonus or special pay is a payment made to a claimant by an employer that is not holiday pay, vacation pay, PTO pay, severance pay or pension.) * ☐ Yes ☒ No

2. Are you able and available to work without restrictions? * ☒ Yes ☐ No

3. Have you been offered the option to telework for pay? * ☐ Yes ☒ No

4. Are you receiving paid sick leave or other paid leave benefits? * ☐ Yes ☒ No

5. Are you unemployed, partially unemployed, or unable or unavailable to work due to COVID-19? * ☒ Yes ☐ No

* Please select a reason

- ☒ I quit my job or my employer temporarily shut down/closed due to COVID-19.
- ☐ I am quarantined by a medical professional or under government direction due to COVID-19.
- ☐ I left employment due to a reasonable risk of exposure or infection due to COVID-19.

<https://t.me/cashoutsomethingElitee>

- ☐ I left employment to care for a family member due to COVID-19.
- ☐ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis or have been diagnosed with COVID-19.
- ☐ A member of my household has been diagnosed with COVID-19.
- ☐ I am providing care for a family member or member of my household who has been diagnosed with COVID-19.
- ☐ I am the primary care giving of a child or other person in my household whose school or other facility has closed due to COVID-19 and caring for that individual prevents me from working.
- ☐ I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
- ☐ I am unable to reach the place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ Other

6. Are you attending school or training during your normal work hours?

* ☐ Yes ☒ No

•If you are unable to submit proof of income, you must at least submit documentation that proves you were self-employed, or scheduled to begin work that was prevented by the pandemic.

* 1. Did you file a tax return for the previous tax year?:

- ☐ Yes
- ☒ I was not required to file a tax return
- ☐ I am required but have yet to file a tax return

* 2. How will you be providing this information from the most recently completed tax year:

- ☒ I will estimate
- ☐ I will use information directly from my tax forms

For the most recent completed tax year, my estimated total earnings:

*

Upload Document

Please upload a supporting document if necessary

Upload Document:

Select Files

Clear

Eligibility for Federal Supplemental Lost Wages Assistance

To ease the economic burden for those struggling with lost wages due to the coronavirus (COVID-19) pandemic, the Federal Emergency Management Agency (FEMA) has been authorized to expend funds from its Disaster Relief Fund for lost wage payments as a result of COVID-19. The Lost Wages Assistance program (LWA) is a \$300 weekly supplemental federal disaster payment to replace lost wages for claimants who:

- (1) are eligible for \$100 or more of weekly unemployment benefits under a qualifying unemployment insurance program, and
- (2) execute a one-time self-certification that they are unemployed or partially unemployed due to disruptions caused by COVID-19.

Please select the appropriate option below:

- * ☒ I CERTIFY that I am unemployed or partially unemployed due to disruptions caused by COVID-19. I understand that penalties are prescribed for willful misrepresentation or concealment of material facts in order to obtain benefits that I am not entitled to under applicable law.
- ☐ I DECLINE to certify that I am unemployed or partially unemployed due to disruptions caused by COVID-19. I understand that my failure to certify will prevent me from being eligible for the lost wages payment of \$300 from federal disaster relief funds.

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I further acknowledge that I am not receiving compensation under the Unemployment Compensation Law of Canada, under penalty of perjury.

To be eligible for benefits, I understand that I must remain in contact with my employer/client if my employer/client has asked me to return to work or provide services, or I intend to return to work or provide services.

Claimant Signature

* JB

Date

* 10/01/2020



Declaration

I understand that Maryland Law provides for fines and/or imprisonment in addition to disqualification and repayment of benefits if I knowingly do not disclose information or give false information in order to obtain or increase benefits. I certify that the information I have provided on this application for Maryland Unemployment Insurance benefits is complete and accurate and that the answers to all questions are correct and truthful. I acknowledge this statement above by entering my First Name and Last Name as my electronic signature in the box below.

Enter your name (First Name Last Name):

* JASON T BARNETT

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Report any **address changes** immediately to the Division of Unemployment Insurance by calling the **Claim Center at (410) 949-0022 or 1-800-827-4839**.

When you receive the card, for security purposes, be sure to immediately sign your name on the back of the card in ink. You cannot use the card until it has been activated. To activate your card and create a PIN, you must call Bank of America at 1-855-847-2029; TTY 1-866-656-5913. Choose a PIN that only you would know. Never share your PIN or your card with anyone. You will be held legally responsible for all activity connected to the card.

DO NOT THROW AWAY OR DESTROY your debit card if you stop filing for UI benefits. It is valid for three (3) years.

Acknowledgement

I have read and agree with above: * ☒ Yes ☐ No

Note: Upon completion of your application, you must select the "Next" button to process the application.

Your application will NOT be processed if you exit before you submit your unemployment benefit application.

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- You cannot file for a week of benefits until the week ends. All weeks end at midnight on Saturday. Sunday is the first day you can file for the week that has just ended.
- You must file your weekly claim certification any time beginning 12:01 am Sunday to 5:00 pm on Friday. If you do not file your weekly claim certification on time, you may be denied benefits.
- You will receive detailed instructions on filing weekly claim certifications in the pamphlet we mail to you. This pamphlet is also available on our website.

You can login to your account using your Username and Password.

Your Claimant ID is: 11780619

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You will click on finish when you reach the page above