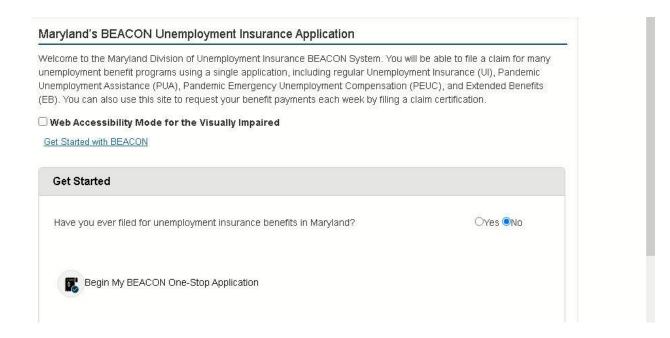
Maryland's BEACON Unemployment Insurance Application Welcome to the Maryland Division of Unemployment Insurance BEACON System. You will be able to file a claim for many unemployment benefit programs using a single application, including regular Unemployment Insurance (UI), Pandemic Unemployment Assistance (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 Have you ever filed for unemployment insurance benefits in Maryland? Oyes No Pagin 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:

21AE39

Captcha

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Create Account		
Create a Username to be used to access this website in the future. Enter y continuing.	our Username and C	Check Availability before
Username (A Username must be alpha-numeric and be between 8 and 64 characters in length):	* masurijoli1	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

Please provide the date you were separated from employment or your hours were reduced: or O3/15/2020 Please provide the date on which you were no longer able to provide goods and/or services

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

	*
Address Line 2: Dity:	
City:	
Sicy.	*
State:	*
ZIP/Postal Code:	*
3d / m	
ddress Option	
Address Options	
	at match the address you entered. Select Next to

tial Questions	
nitial Questions	
us about your employment.	
ndicate all type(s) of employment you had since 04/01/2019:*	
have not worked since 04/01/2019	
worked for an employer in Maryland (excluding military and federal civilian employment)	
worked for an employer in another state (excluding military and federal civilian employment)	
was employed by the Military in Active Duty	
was employed as Federal Civilian	
Self-Employed (Sole Proprietor, Independent Contractor, Gig Worker, on my own farm):	
Peace Corps Volunteer	
Federal Contractor	

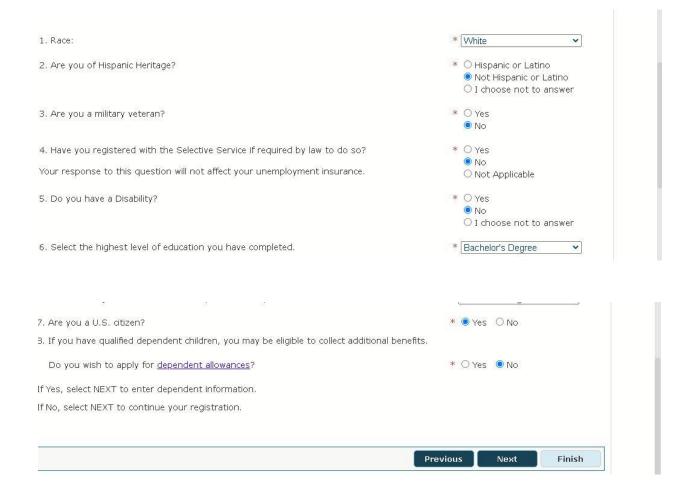
minerace corps volunteer	
☐ Federal Contractor	
2. Have you filed an unemployment claim in another state within the last year?	* ○ Yes ● No
Note: If you have had employment in Canada since 04/01/2019 , contact the	ne daim center at 1-410-949-0022 to file your daim.
3. I was scheduled to commence employment 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 O No
4. I have become the breadwinner or major support for a household becauthe head of the household has died as a direct result of COVID-19.	se _* ○ Yes ● No

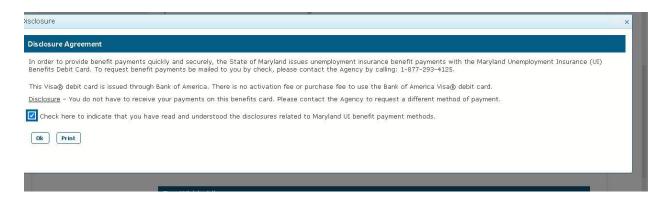
No Employment Within the Last 18 Months

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.

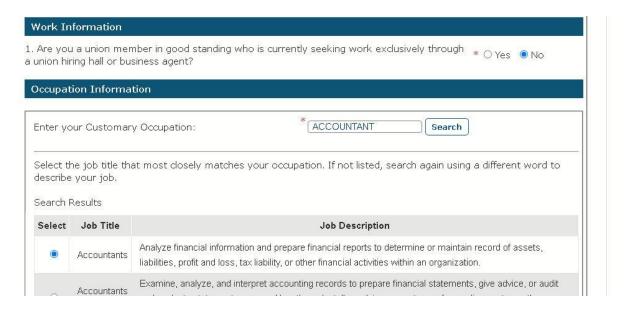
If you would like to complete the benefit application, select 'Next'.

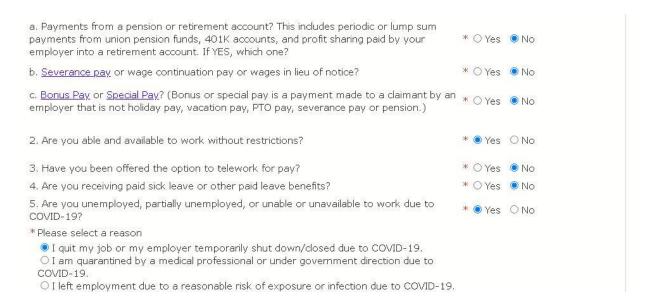
Contact Information	
Email Address:	*
Phone number:	*
☐ I do not have a phone number	
Note: This agency may use telephone contact as a method to obtain information, resolve issues and conduct hearings relating to claims for benefits.	
Communication Preference	
How would you like to receive your notifications and communication?	* Email
Re-enter Email Address:	*
Primary Language	
The Maryland Unemployment Insurance Agency provides translation service	es 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.	
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 service	to anciet us.





Pay my benefits via an unemployment debit card <u>Disclosure</u>
Tax Withholding
nemployment benefits are taxable income under both Federal and State law. I authorize the State Unemployment surance 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
Previous Next Finish
Pay my benefits via an unemployment debit card <u>Disclosure</u>
Fax Withholding
nemployment benefits are taxable income under both Federal and State law. I authorize the State Unemployment surance 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
Previous Next Finish





☐ I am experiencing symptoms of COVID-19 and seeking been diagnosed with COVID-19. ☐ A member of my household has been diagnosed with I am providing care for a family member or member diagnosed with COVID-19. ☐ I am the primary care giving of a child or other person or other facility has closed due to COVID-19 and caring the from working. ☐ I am unable to reach my place of employment becauted direct result of the COVID-19 public health emergency. ☐ I am unable to reach the place of employment becauted the care provider to self-quarantine due to concerns reconcerns.	ng a medical diagnosis or have COVID-19. of my household who has been in in my household whose school for that individual prevents me se of a quarantine imposed as a se I have been advised by a		
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 a employed, or scheduled to begin work that was prevented		hat proves you were self-	
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 $\ensuremath{\mathrm{me}}$	ost recently completed tax yea	r:	
I will estimate I will use information directly from my tax forms			
For the most recent completed tax year, my estimated to	otal earnings:	* \$26,000.00	
Upload Document			
Please upload a supporting document if necessary			
Upload Document:	Select Files	Clear	

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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.
- \bigcirc 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

A....

RI-LLE

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Report any address changes immediately to the Division of Unemployment Insurance by calling the Claim Center at (410) 949-0022 of 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.

Previous

Next

Finish

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•You cannot file for a week of benefits until the week ends. All weeks endyou can file for the week that has just ended.	d at midnight on Saturday	. Sunday is th	e first day
•You must file your weekly daim certification any time beginning 12:01 a your weekly daim certification on time, you may be denied benefits.	am Sunday to 5:00 pm or	n Friday. If yo	u do not file
 You will receive detailed instructions on filing weekly claim certifications is also available on our website. 	n the pamphlet we mail to	o you. This pa	amphlet is
You can login to your account using your Username and Password.			
Your Claimant ID is: 11780619			
	Previous	Nevt	Finish
	Previous	Next	Finish

You will click on finish when you reach the page above

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