



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO  
DIRECTOR

## UNEMPLOYMENT COMPENSATION NOTICE TO EMPLOYEE

### Information Needed to File a Claim:

- Your social security card.
- Your state issued driver's license or ID card number or your MARVIN PIN (if you have one).
- The names and addresses of employers you worked for during the past 18 months along with your quarterly gross earnings.
- The first/last date of employment with each employer.
- Your most recent employer's Federal Employer ID number (FEIN) and Employer Account Number (EAN). Depending on your situation, knowing the account number may speed up the processing of your claim.
- If you are not a U.S. citizen or national, you will need your Alien Registration card and the expiration date of your work authorization.

### Bi-Weekly Certification:

You must certify your eligibility every two weeks to receive payment. The preferred method of certifying is online, although phone certification is also available.

- Online: Visit [www.michigan.gov/uia](http://www.michigan.gov/uia) and sign into MiLogin to access your MiWAM account. Your online account is accessible seven days a week, 24 hours a day.
- By Phone: Call MARVIN at 1-866-638-3993, Monday through Saturday, 8:00 a.m. to 7:00 p.m.

### Register for Work and Work Search Requirements during the COVID-19 pandemic:

- Your application for benefits satisfies the register for work requirement.
- Your application for benefits satisfies the seeking work requirement.

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### To Be Completed by the Employer

Complete the following information in the spaces below. Each employee, when separated from your employment should receive a completed copy of this form or an equivalent written notice. A \$10.00 penalty for non-compliance may be imposed by UIA.

Your **10-digit** UIA Employer Account Number (EAN): \_\_\_\_\_

Your **9-digit** Federal Employer Identification Number (FEIN): \_\_\_\_\_

**Employer's Name with Doing Business As (DBA) Name** and complete mailing address where wage and separation information is available.

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
DBA

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Reason for Separation

Employers, direct any questions to the Office of Employer Ombudsman (OEO) through your MiWAM account at [www.michigan.gov/uia](http://www.michigan.gov/uia) or call 1-855-484-2636. TTY service is available at 1-866-366-0004.

THIS FORM IS NOT A WAIVER REQUEST OR APPROVAL OF A REQUEST.

UIA is an equal opportunity employer/program.