

**Employment Security Commission of North Carolina**  
**Unemployment Insurance Division**

**Benefit Claim for Attached Worker**

*(Please read instructions on the following page. Please type all information.)*

**WORKER INFORMATION**

1. FIRST NAME <input style="width: 100%;" type="text"/>		MI <input style="width: 50px;" type="text"/>	LAST NAME <input style="width: 100%;" type="text"/>		2. SOCIAL SECURITY NUMBER <input style="width: 100%;" type="text"/>												
3. MAILING ADDRESS <input style="width: 100%; height: 20px;" type="text"/>																	
CITY <input style="width: 100%;" type="text"/>		STATE <input style="width: 50px;" type="text"/>		ZIP CODE <input style="width: 100%;" type="text"/>													
4. COUNTY OF RESIDENCE CODE  <input style="width: 100%;" type="text"/>	5. HISPANIC/LATINO <input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown				6. SEX <input style="width: 50px;" type="text"/>												
	5a. RACE <table style="width: 100%; text-align: center;"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>(1) WHITE</td><td>(2) BLACK</td><td>(3) AMERICAN INDIAN / ALASKAN NATIVE</td><td>(4) ASIAN</td><td>(5) PACIFIC ISLANDER / HAWAIIAN</td><td>(6) MULTIPLE</td><td>(7) OTHER</td></tr></table>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) WHITE	(2) BLACK	(3) AMERICAN INDIAN / ALASKAN NATIVE	(4) ASIAN	(5) PACIFIC ISLANDER / HAWAIIAN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
(1) WHITE	(2) BLACK	(3) AMERICAN INDIAN / ALASKAN NATIVE	(4) ASIAN	(5) PACIFIC ISLANDER / HAWAIIAN	(6) MULTIPLE	(7) OTHER											
8. ARE YOU A U.S. CITIZEN?    Y <input type="checkbox"/> N <input type="checkbox"/>	9. RETIREMENT PENSION    Y <input type="checkbox"/> N <input type="checkbox"/>	10. DURING THE PAST 2 YEARS HAVE YOU SERVED IN THE US MILITARY?    Y <input type="checkbox"/> N <input type="checkbox"/>		11. DURING THE PAST 2 YEARS HAVE YOU WORKED AS A CIVILIAN FOR THE U.S. GOVERNMENT?    Y <input type="checkbox"/> N <input type="checkbox"/>	12. DURING THE PAST 2 YEARS HAVE YOU WORKED IN ANOTHER STATE?    Y <input type="checkbox"/> N <input type="checkbox"/>												
(If "NO" FOR ITEM 8, OR "YES" FOR ITEM 9, COMPLETE FORM AND GIVE TO EMPLOYEE TO TAKE TO NEAREST ESC OFFICE.)			(If "YES" FOR 10-12, COMPLETE THIS FORM AND GIVE TO EMPLOYEE TO TAKE TO NEAREST ESC OFFICE.)														

13. PAYROLL WEEK ENDING

  
MM DD YYYY

14. TOTAL EARNINGS FROM ALL SOURCES

\$

**EMPLOYER INFORMATION**

15. EMPLOYER ACCOUNT NO. <input style="width: 100%;" type="text"/>	16. EMPLOYER BUSINESS NAME <input style="width: 100%;" type="text"/>	17. EMPLOYER TELEPHONE NO. <input style="width: 100%;" type="text"/>
18. MAILING ADDRESS <input style="width: 100%; height: 20px;" type="text"/>		
CITY <input style="width: 100%;" type="text"/>	STATE <input style="width: 50px;" type="text"/>	ZIP CODE <input style="width: 100%;" type="text"/>

19. IF YOUR EMPLOYEE DID NOT WORK ALL SCHEDULED HOURS IN THE WEEK LISTED IN ITEM 14, PLEASE EXPLAIN:

COMPLETE FORM AND GIVE TO EMPLOYEE TO TAKE TO EMPLOYMENT SECURITY COMMISSION OFFICE.

20. EMPLOYER'S CERTIFICATION: I CERTIFY THIS BENEFIT CLAIM WAS COMPLETED IN ACCORDANCE WITH THE REGULATION PRESCRIBED BY THE NORTH CAROLINA EMPLOYMENT SECURITY LAW.

DATE

EMPLOYER SIGNATURE

EMPLOYER TITLE

THE FORM MUST BE PREPARED WHEN, BECAUSE OF LACK OF WORK, AN EMPLOYEE PERFORMS NO WORK OR WORKS LESS THAN THE EQUIVALENT OF THREE (3) CUSTOMARY SCHEDULED FULL-TIME DAYS FOR YOUR PLANT OR INDUSTRY. THIS FORM (NCUI-501) IS COMPLETED ONLY IF THE WORKER IS TEMPORARILY UNEMPLOYED AND RETAINS AN ATTACHMENT TO YOUR PAYROLL AND WORK FORCE. (IF YOU ARE SEPARATING THE EMPLOYEE, DO NOT COMPLETE THIS FORM.)

- ITEM 1 ENTER THE EMPLOYEE'S FIRST NAME, MIDDLE NAME, AND LAST NAME.  
 ITEM 2 ENTER THE EMPLOYEE'S SOCIAL SECURITY NUMBER.  
 ITEM 3 ENTER THE EMPLOYEE'S COMPLETE MAILING ADDRESS.  
 ITEM 4 ENTER THE THREE (3) DIGIT CODE WHICH REPRESENTS THE EMPLOYEE'S COUNTY OF RESIDENCE, USING THE CHART BELOW.  
 ITEM 5 ENTER AN "X" IN THE BOX WHICH REPRESENTS THE EMPLOYEE'S ETHNICITY.  
 ITEM 5a ENTER AN "X" IN THE BOX WHICH REPRESENTS THE EMPLOYEE'S RACE.  
 ITEM 6 ENTER AN "M" IF THE EMPLOYEE IS MALE; ENTER AN "F" IF THE EMPLOYEE IS FEMALE.  
 ITEM 7 ENTER THE EMPLOYEE'S BIRTH DATE.  
 ITEM 8 IF NO, COMPLETE FORM AND GIVE TO EMPLOYEE TO TAKE TO NEAREST ESC OFFICE WITHIN 14 DAYS.  
 ITEM 9 IF THE EMPLOYEE IS RECEIVING ANY TYPE OF RETIREMENT PAYMENT OR HAS APPLIED FOR OR IS RECEIVING DISABILITY BENEFITS, COMPLETE THE REST OF THE FORM AND TELL THE EMPLOYEE TO REPORT TO THE NEAREST ESC OFFICE WITHIN 14 DAYS TO FILE FOR BENEFITS.  
 ITEM 10 IF YES, COMPLETE REMAINDER OF FORM AND GIVE TO EMPLOYEE TO TAKE TO NEAREST ESC OFFICE WITHIN 14 DAYS.  
 ITEM 11 IF YES, COMPLETE REMAINDER OF FORM AND GIVE TO EMPLOYEE TO TAKE TO NEAREST ESC OFFICE WITHIN 14 DAYS.  
 ITEM 12 IF YES, COMPLETE REMAINDER OF FORM AND GIVE TO EMPLOYEE TO TAKE TO NEAREST ESC OFFICE WITHIN 14 DAYS.  
 ITEM 13 ENTER THE MONTH, DAY, AND YEAR OF YOUR PAYROLL WEEK ENDING DATE. EXAMPLE 02 04 1999  
 ITEM 14 ENTER THE TOTAL EARNINGS THE EMPLOYEE HAD DURING THE PAYROLL WEEK SHOWN IN ITEM 14. INCLUDE GROSS EARNINGS PAID TO THE EMPLOYEE FOR WORK PERFORMED, INCLUDING HOLIDAY, BONUS, OR VACATION PAY, PLUS GROSS EARNINGS THE EMPLOYEE MAY HAVE HAD FROM ANY OTHER SOURCE. IF THE EMPLOYEE HAD NO EARNINGS, LEAVE BLANK.  
 ITEM 15 ENTER THE FIRST SEVEN (7) DIGITS OF YOUR STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER.  
 ITEM 16 ENTER YOUR BUSINESS NAME.  
 ITEM 17 ENTER YOUR BUSINESS TELEPHONE NUMBER, INCLUDE YOUR AREA CODE.  
 ITEM 18 ENTER YOUR BUSINESS ADDRESS.  
 ITEM 19 ENTER THE REASON THE EMPLOYEE DID NOT WORK ALL SCHEDULED HOURS.  
 ITEM 20 HAVE AN AUTHORIZED REPRESENTATIVE OF YOUR COMPANY DATE AND SIGN THE EMPLOYER CERTIFICATION.

MAIL THE COMPLETE FORM TO:

EMPLOYMENT SECURITY COMMISSION  
 ATTENTION: CLAIMS DEPARTMENT  
 UNEMPLOYMENT INSURANCE DIVISION  
 POST OFFICE BOX 25903  
 RALEIGH, NC 27611

#### **LOCAL OFFICE NUMBER AND COUNTY CODE CHART**

THE CHART BELOW IS TO BE USED IN THE COMPLETION OF ITEM 04 ON THE NCUI-501, BENEFIT CLAIM FOR ATTACHED WORKER. THE COUNTY IS LISTED IN ALPHABETICAL ORDER PRECEDED BY THE COUNTY CODE.

Co.Code	County	Co.Code	County	Co.Code	County	Co.Code	County
001	Alamance	051	Cumberland	101	Johnston	151	Randolph
003	Alexander	053	Currituck	103	Jones	153	Richmond
005	Alleghany	055	Dare	105	Lee	155	Robeson
007	Anson	057	Davidson	107	Lenoir	157	Rockingham
009	Ashe	059	Davie	109	Lincoln	159	Rowan
011	Avery	061	Duplin	113	Macon	161	Rutherford
013	Beaufort	063	Durham	115	Madison	163	Sampson
015	Bertie	065	Edgecombe	117	Martin	165	Scotland
017	Bladen	067	Forsyth	111	McDowell	167	Stanly
019	Brunswick	069	Franklin	119	Mecklenburg	169	Stokes
021	Buncombe	071	Gaston	121	Mitchell	171	Surry
023	Burke	073	Gates	123	Montgomery	173	Swain
025	Cabarrus	075	Graham	125	Moore	175	Transylvania
027	Caldwell	077	Granville	127	Nash	177	Tyrrell
029	Camden	079	Greene	129	New Hanover	179	Union
031	Carteret	081	Guilford	131	Northampton	181	Vance
033	Caswell	083	Halifax	133	Onslow	183	Wake
035	Catawba	085	Harnett	135	Orange	185	Warren
037	Chatham	087	Haywood	137	Pamlico	187	Washington
039	Cherokee	089	Henderson	139	Pasquotank	189	Watauga
041	Chowan	091	Hertford	141	Pender	191	Wayne
043	Clay	093	Hoke	143	Perquimans	193	Wilkes
045	Cleveland	095	Hyde	145	Person	195	Wilson
047	Columbus	097	Iredell	147	Pitt	197	Yadkin
049	Craven	099	Jackson	149	Polk	199	Yancey