State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

Authorized by
MCL 421.1, et seq.

# UNEMPLOYMENT BENEFITS APPLICATION INSTRUCTION SHEET

## To speed the processing of your application:

- Follow these instructions carefully
- Fill out both sides of the application
- Use black ink and print clearly
- Do not write in shaded areas
- Before mailing, double-check your application to be sure all requested information is included
- Sign and date your application
- Always include your printed name, signature, Social Security number, and date on each sheet you submit
- Remove, complete and mail only *Application for Unemployment Benefits* on pages 3 and 4. If you are a non-citizen, also remove, complete and mail *Alien Consent of Disclosure* (UC 1509-M) on page 5. If you were employed by the federal government include a copy of your Form DD 214-Member 4 copy (military), SF-8 or SF-50 (civilian). **Do not return this instruction page with your benefit application.**
- Mail immediately. If not received by the Bureau by the Friday following the week containing your last day of work, your claim will be effective with the week in which it is received. Allow 5 days for delivery.

Additional information to help you complete some of the items on the Application for Unemployment Benefits is provided on page 2 of this Application Instruction Sheet.

Send your completed new claim application with any required copies to:

**P.O. Box 5050**
**Saginaw, MI**
**48605-5050**

Department of Consumer & Industry Services
David C. Holister
"Serving Michigan . . . Serving You"

State of Michigan
Jennifer M. Granholm,
Governor

The Bureau of Workers' & Unemployment Compensation will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Bureau.

**Refer to the matching numbered items found on the application on pages 3 and 4.**

**21.** ***Alien/Non-Citizen –*** If you are not a citizen or national of the United States, you must complete *Alien Consent of Disclosure* (Form UC 1509-M) on page 5 of this application **and** include a copy of the front and back of your INS documentation with your application. Failure to return these forms will delay the processing of your claim. Common documents provided by INS to aliens are:

| | |
|---|---|
| Form I-1551 | Permanent Resident Card or Resident Alien Card |
| Forms I-766, I-688A, or I-688B | Employment Authorization Document |
| Form I-94 | Arrival Departure Record |
| Form I797A | Notice of Action and/or Receipt |
| Form I-688 | Temporary Resident Card |
| Passport/VISA with INS stamp | |

Failure to reveal non-citizenship or unauthorized work status may result in an overpayment of benefits. You will be required to repay those benefits. In addition, if the Bureau determines you were overpaid due to fraudulent withholding of material information, you will be subject to penalty of fine, and/or imprisonment, and/or community service. The fine can be as high as 4 times the amount of the improperly paid benefits.

**30.** ***Federal Employment and Military Service***

> If you were in the military service during the past 18 months, you may be able to use this service to qualify for benefits. Send a copy of your **Form DD 214-Member 4,** with your application. This form is issued by the military at the time of discharge. Failure to include this form will delay claim processing.

> If you were employed by the federal government as a civilian, you should have received a **Standard Form 8** (SF-8) and **Standard Form 50** (SF-50) from your employer. If you have these forms, send a copy showing your Social Security number with your application. Failure to include these forms may delay the processing of your claim. If you worked outside Michigan, include the **full** address of your work location and the payroll address (if different from the work location).

**32. thru 44c.** ***Work History –*** This is very important information. **List all jobs you have had in the last 18 months.** The form provides space for information about your two most recent employers. If you worked for more than two employers, include the same information about each employer on a separate sheet showing your Social Security number and send it with your completed application.

**44a.** ***Work Registration –*** To be eligible for unemployment benefits, you must register for work if you do not have a definite return to work date within 120 days from your last day worked. Refer to the top of page 5 of this application, and follow the instructions carefully.

**47.** ***Certification –*** Please read this section carefully and sign the form. **Unsigned applications will be returned.**

Allow 5 days for your application to reach us through the mail. If you are filing a new claim, a Monetary Determination (Form UC 1575C) will be mailed to you. The monetary determination shows your potential weekly benefit amount and number of weeks of benefits. However, even though you could receive these benefits, you still must be eligible and qualified for benefits on all other basis, as well. Under a separate mailing, a booklet, *Unemployment Benefits in Michigan* (Form UC 1901), will be mailed to you. This booklet explains your benefit rights and responsibilities and gives instructions on how to use Michigan's Automated Response Voice Interactive Network (MARVIN) to certify for weeks of unemployment and receive a benefit check. **Read it carefully and keep it for reference.** If you do not receive a booklet in about 3 weeks, contact Claimant Customer Relations.

If you are filing an additional claim to a benefit year already established, you will not receive another booklet. Refer to the booklet previously issued for your MARVIN call-in time.

Send your completed new claim application with copies of any other documents required to:

**P.O. Box 5050**
**Saginaw, MI**
**48605-5050**

**Contact Claimant Customer Relations at 1-800-638-3995**
**Monday thru Friday 8:00 a.m. - 5:00 p.m.**
**For TTY purposes only: (866) 366-0004 (*Do not call this number for information*)**

UC 1554-M
(Rev. 11-2003

PLEASE PRINT CLEARLY – USE BLACK INK
DO NOT WRITE IN SHADED AREAS

☐ **Check this box if your name or address has changed since your last claim.**

Reset Form

**State of Michigan**
**Department of Consumer & Industry Services**
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

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Authorized by
MCL 421.1, et seq.

# APPLICATION FOR UNEMPLOYMENT BENEFITS

Completion of this form is required to qualify for benefits.

OFFICE _____

| 1. YOUR SOCIAL SECURITY NUMBER | 2. ADDT'L. SOCIAL SECURITY NUMBER | 3. YOUR LAST NAME | 4. YOUR FIRST NAME | 5. Initial |
|---|---|---|---|---|
| | | | | |

| 6. YOUR BIRTH DATE | 7. YOUR MAILING ADDRESS | 8. YOUR CITY | 9. STATE | 10. ZIP CODE |
|---|---|---|---|---|
| | | | | |

| 11. COUNTY | 12. AREA CODE and TELEPHONE NO. | 13. YEARS OF SCHOOL YOU COMPLETED | 14. YOUR SEX ☐ MALE ☐ FEMALE | 15. ADDITIONAL NAME WORKED UNDER (INCLUDE MAIDEN NAME) IN LAST 18 MONTHS |
|---|---|---|---|---|
| | | | | |

**16.** To claim a person(s) as a dependent you must have provided more than half the cost of his or her support for at least 90 days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship. A person may be claimed as a dependent by only one claimant for unemployment benefits at a time.
Persons you may claim as dependents considered by age and relationship:

| AGE OF DEPENDENT | RELATIONSHIP TO YOU |
|---|---|
| Any Age | Your spouse |
| Under Age 18 | Your child, grandchild, adopted child, stepchild, orphaned brother or sister |
| Over Age 18, and Under Age 22 if Full-time Student | Your child, grandchild, adopted child, stepchild, orphaned brother or sister |
| Over age 18 if physically or mentally infirm and unable to work | Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father |
| Over age 65 | Your mother or father |

Enter the TOTAL dependents you are claiming in the box below. Do not claim yourself.
**No. of Dependents** ☐

**17.** ENTER YOUR DRIVER LICENSE OR STATE ID NUMBER.

**18.** STATE ISSUED BY:
☐ Michigan
☐ Other _____

**19.** DO YOU WANT FEDERAL AND MI STATE TAXES WITHHELD? YES ☐ NO ☐
IF "YES," NUMBER OF TAX EXEMPTIONS_____

**20.** ARE YOU WORKING FULL-TIME THIS WEEK? ..... YES ☐ NO ☐

**21.** ARE YOU A CITIZEN OR NATIONAL OF THE UNITED STATES? ..... YES ☐ NO ☐
IF " NO", A COPY OF YOUR INS DOCUMENT IS REQUIRED. SEE INSTRUCTION SHEET.

**22.** IF YOU ARE NOT A CITIZEN OR NATIONAL, ARE YOU IN SATISFACTORY IMMIGRATION STATUS? ..... YES ☐ NO ☐
WHAT IS YOUR ALIEN REGISTRATION NUMBER AND EXPIRATION DATE?
_____ / _____

**23.** *(Optional)* ARE YOU HISPANIC OR LATINO? .... YES ☐ NO ☐

**24.** *(Optional)* IN ADDITION TO ITEM 23, ARE YOU:
*Please check one:*
☐ White
☐ Asian
☐ Black or African American
☐ Pacific Islander or Native Hawaiian
☐ Native American Indian or Alaskan Native

**25.** ARE YOU ATTENDING A SCHOOL OR COLLEGE? ... YES ☐ NO ☐
DAYS YOU ATTEND (S M T W TH F SA): _____
WEEKLY HOURS AM 0 WEEKLY HOURS PM : 0

**26.** WERE YOU HOSPITALIZED OR UNABLE TO WORK 14 DAYS OR MORE BECAUSE OF ILLNESS OR INJURY DURING THE PAST THREE YEARS? IF "YES," GIVE DATES.
YES ☐ NO ☐ FROM _____ THROUGH _____

**27.** DID YOU PERFORM SERVICES AS A PROFESSIONAL ATHLETE IN THE PAST 18 MONTHS? ..... YES ☐ NO ☐

**28.** WERE YOU PAID GROSS WAGES OF AT LEAST $1,810 WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM? YES ☐ NO ☐
IF "NO," ENTER YOUR GROSS EARNINGS WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM. $_____ *(Approximate)*

**29.** IF YOU RECEIVE, OR APPLIED FOR, RETIREMENT BENEFITS INDICATE:
RETIREMENT EFFECTIVE DATE _____
MONTHLY AMOUNT: $ _____ LUMP SUM AMOUNT $ _____
RECEIPT DATE OF FIRST RETIREMENT CHECK: _____
BUSINESS NAME: _____
CHECK BOX:
☐ DID NOT CONTRIBUTE
☐ CONTRIBUTED LESS THAN ONE-HALF THE COST
☐ CONTRIBUTED HALF OR MORE OF THE COST
ARE YOU RECEIVING OR WILL RECEIVE RETIREMENT BENEFITS FROM MORE THAN ONE EMPLOYER. ..... YES ☐ NO ☐
IF "YES," INCLUDE THIS INFORMATION AND YOUR SOCIAL SECURITY NUMBER ON A SEPARATE SHEET.

**30.** DURING THE LAST 18 MONTHS:
A. WERE YOU EMPLOYED BY THE FEDERAL GOVERNMENT (EITHER CIVILIAN EMPLOYMENT OR MILITARY SERVICE)? YES ☐ NO ☐ IF YES, A COPY OF FORM DD 214-MEMBER 4 COPY, OR SF-8 & SF-50 ARE REQUIRED. SEE INSTRUCTION SHEET
1. MILITARY SERVICE? ..... YES ☐ NO ☐ ACTIVE DUTY DATES: FROM _____ TO _____
2. CIVILIAN EMPLOYMENT? ..... YES ☐ NO ☐ DATES: FROM _____ TO _____
B. DID YOU FILE AN UNEMPLOYMENT CLAIM AGAINST, OR RECEIVE BENEFITS FROM, A STATE OTHER THAN MICHIGAN? ..... YES ☐ NO ☐
IF "YES," WHICH STATE? _____
C. HAVE YOU WORKED IN ANOTHER STATE, GUAM, PUERTO RICO, OR THE VIRGIN ISLANDS? ..... YES ☐ NO ☐

**Continue with Item 32 on the Reverse Side.**

**31.** **— DO NOT WRITE IN THIS AREA — FOR OFFICE USE ONLY —**

| FIPS CITY CODE | FILING DATE | BYB DATE | OCCUPATION CODE |
|---|---|---|---|
| | | | |

| FIPS COUNTY CODE | PROFILE | CLAIM TYPE | PROCESS TYPE |
|---|---|---|---|
| | | NEW ☐ TC ☐ AC ☐ | I - UI ☐ F - UCFE ☐ C - CO-MINGLE ☐ X - UCX ☐ |

Reset Form

SOCIAL SECURITY NUMBER | CK DIGIT

**LIST EACH EMPLOYER YOU WORKED FOR DURING THE LAST 18 MONTHS, BEGINNING WITH YOUR LAST EMPLOYER. INCLUDE ANY WORK PERFORMED FOR FEDERAL, STATE, OR LOCAL GOVERNMENT, AND ANY WORK PERFORMED IN OTHER STATES. DO NOT WRITE IN SHADED AREAS. PLEASE PRINT CLEARLY. USE BLACK INK.**

## MOST RECENT

| 32. BUSINESS NAME | 33. FIRST DAY WORKED | 34. LAST DAY WORKED | EMPLOYER NUMBER (IF KNOWN) | MULTI-UNIT | CHECK DIGIT |
|---|---|---|---|---|---|
| | | | | | |

| 35. PAYROLL ADDRESS | 36. CITY | 37. STATE | 38. ZIP CODE | 39. COUNTY/STATE WORKED IN | FIPS CNTY | 40. AREA CODE and TELEPHONE NO. |
|---|---|---|---|---|---|---|
| | | | | | | |

**41. REASON FOR SEPARATION** *(Enter the reason number in the box)*

(1) LAID OFF/LACK OF WORK
(2) FIRED
(3) QUIT
(4) RETIRED (Voluntarily)
(5) RETIRED (Involuntarily)
(6) LABOR DISPUTE
☐ Strike ☐ Lockout
(7) OTHER (Explain in Item 42)
(8) STILL EMPLOYED FULL-TIME ☐
(9) FIRED FOR ANY OF THE FOLLOWING:
☐ WILDCAT STRIKE
☐ IMPRISONMENT
☐ DRUGS ☐ THEFT
☐ ASSAULT AND BATTERY
☐ WILLFUL DESTRUCTION

**42. EXPLAIN THE REASON FOR YOUR SEPARATION.**

**43. JOB TITLE**

**44a.** DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER WITHIN 120 DAYS? ... ☐ YES ☐ NO
If "Yes," give date _____ . If NO, you must register for work. See Instruction Sheet for details.

**44b.** ARE YOU REQUIRED TO OBTAIN EMPLOYMENT THROUGH A UNION HIRING HALL? ... ☐ YES ☐ NO

**44c.** DID YOU HAVE ANY OTHER LAYOFFS OR SEPARATIONS FROM THIS EMPLOYER DURING THE PAST 18 MONTHS? ... ☐ YES ☐ NO
IF "YES," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER SINCE THAT LAYOFF OR SEPARATION? ... $ 0.00 . *(Approximate)*
IF "NO," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER IN THE PAST 18 MONTHS? ... $ 0.00 . *(Approximate)*

## NEXT EMPLOYER

| 32. BUSINESS NAME | 33. FIRST DAY WORKED | 34. LAST DAY WORKED | EMPLOYER NUMBER (IF KNOWN) | MULTI-UNIT | CHECK DIGIT |
|---|---|---|---|---|---|
| | | | | | |

| 35. PAYROLL ADDRESS | 36. CITY | 37. STATE | 38. ZIP CODE | 39. COUNTY/STATE WORKED IN | 40. AREA CODE and TELEPHONE NO. |
|---|---|---|---|---|---|
| | | | | | |

**41. REASON FOR SEPARATION** *(Enter the reason number in the box)*

(1) LAID OFF/LACK OF WORK
(2) FIRED
(3) QUIT
(4) RETIRED (Voluntarily)
(5) RETIRED (Involuntarily)
(6) LABOR DISPUTE
☐ Strike ☐ Lockout
(7) OTHER (Explain in Item 42)
(8) STILL EMPLOYED FULL-TIME
(9) FIRED FOR ANY OF THE FOLLOWING: ☐
☐ WILDCAT STRIKE
☐ IMPRISONMENT
☐ DRUGS ☐ THEFT
☐ ASSAULT AND BATTERY
☐ WILLFUL DESTRUCTION

**42. EXPLAIN THE REASON FOR YOUR SEPARATION.**

**43. JOB TITLE**

**44a.** DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER WITHIN 120 DAYS?
☐ YES
☐ NO
If "Yes," give date _____ .

**44b.** ARE YOU REQUIRED TO OBTAIN EMPLOYMENT THROUGH A UNION HIRING HALL? ☐ YES ☐ NO

**45.** CHECK BOX IF YOU HAVE OR WILL RECEIVE ANY OF THE FOLLOWING PAYMENTS FOR ANY PERIOD AFTER YOUR LAST DAY OF WORK:
☐ VACATION ☐ HOLIDAY ☐ BONUS ☐ PAYMENT IN LIEU OF NOTICE ☐ DISABILITY COMPENSATION ☐ SEVERANCE PAY ☐ SALARY CONTINUATION
☐ OTHER _____ GROSS AMOUNT $ _____ PERIOD COVERED: from _____ to _____

**46.** DID YOU WORK IN FAMILY EMPLOYMENT AS DEFINED BELOW? ... ☐ YES ☐ NO
DEFINITION: EMPLOYMENT IN A BUSINESS OR CORPORATION IN WHICH THE MAJORITY INTEREST IS OWNED BY YOU ALONE; OR BY YOU TOGETHER WITH YOUR SON, DAUGHTER OR SPOUSE; OR BY ONE OR ANY COMBINATION OF THESE INDIVIDUALS; OR BY YOUR MOTHER AND/OR FATHER IF YOU ARE UNDER THE AGE OF 18.
IF YOU WERE EMPLOYED UNDER THE CONDITIONS STATED ABOVE DURING THE LAST 18 MONTHS, PLEASE GIVE THE NAME(S) OF THE BUSINESS(ES): _____ _____

**NOTE: IF YOU HAD MORE THAN 2 EMPLOYERS DURING THE PAST 18 MONTHS, ATTACH A SEPARATE SHEET.**

**47.** YOUR CERTIFICATION: I HEREBY APPLY FOR A DETERMINATION OF MY UNEMPLOYMENT BENEFIT RIGHTS. I DECLARE THAT I AM A CITIZEN OF THE UNITED STATES OR I AM IN SATISFACTORY IMMIGRATION STATUS. I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. **I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.**

YOUR SIGNATURE: _____ DATE: _____ DATE D/E _____ INITIALS _____

**MAIL IMMEDIATELY**
UNSIGNED APPLICATIONS CANNOT BE PROCESSED
*INCLUDE REQURED DOCUMENTS.

Allow 5 days for mail delivery. If not received by the Bureau by the Friday following the week containing your last day of work, this claim will be effective with the week in which it is received. Mail to P.O. Box 5050, Saginaw, Michigan 48605-5050.

UC 1222-M
(11-2003)

Reset Form

State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

**Name**: _____ **Social Security Number**:

## NOTICE TO REGISTER FOR WORK

If you do not have a definite return to work date from your last employer that is within 120 days from your last day worked, you must register for work to be eligible for unemployment benefits. To register, your résumé must be placed in Michigan's Talent Bank (MTB) on the Internet two to three business days **before** your first call to Michigan's Automated Voice Interactive Network, (MARVIN). You may enter your résumé directly on the Internet at www.talentfreeway.org. Paper applications are also available at Michigan Works! Agency (MWA) service centers.

YOU MUST REPORT IN PERSON WITH THIS FORM TO AN MWA SERVICE CENTER TO VERIFY YOU REGISTERED FOR WORK BY PLACING YOUR RÉSUMÉ ON THE MTB WEBSITE ON THE INTERNET. Call 1-800-285-WORK to be connected with the MWA nearest you. The MWA must stamp this form with résumé data entry date and return it to you. The MWA will notify the Bureau that you have registered for work. Keep this form for the duration of your benefit year (1 year) as proof that you have registered for work. Your benefit payment may be affected later if your registration cannot be proven.

**MICHIGAN WORKS! INSIGNIA W/DATA ENTRY DATE**

**Do not return this form with your application for benefits. Take this form to an MWA Service Center if you must register for work.**

— CUT HERE — —CUT HERE — — CUT HERE —

UC 1509-M
(Rev. 11-2003)

State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

## ALIEN CONSENT OF DISCLOSURE

If you are not a United States Citizen or National, you must complete and return this form **and** copies of the front and back of your INS document(s) **with** your application for unemployment benefits to be eligible for unemployment benefits. You must send clear copies of the front and back of your INS document(s) containing your Alien Registration Number and Expiration Date of that registration.

I freely and voluntarily waive the confidentiality provision of the Immigration Reform and Control Act of 1986 (IRCA) to permit the Immigration and Naturalization Service (INS) to provide the State of Michigan, Bureau of Workers' & Unemployment Compensation, with my alien status for purposes of determining my eligibility for unemployment benefits.

I understand that the IRCA precludes the INS from using, publishing, or making available information related to my application for adjustment to temporary residence except as provided by law (confidentiality provision).

**Name of INS Document:** _____

**Alien Registration Number:** _____ **Expiration Date:** _____

**Print Your Name:** _____ **Social Security Number:**

**Signature:** _____ **Date:** _____

**Remove and return this form with your application if you are not a United States citizen.**