

Shared Work Claimants New Claim Desk Aid (New Claim)

<u>Security Warning:</u> For security purposes, it is the responsibility of employees participating in the Shared Work program to set up their own accounts in RECT (ID and PW), to file their New Claims, and to file their Weekly Claims for Shared Work. If the employer files any of the above for their employee(s) it will alert our system to a possible Fraud issue and create a hold on the employee(s) account, claims, and payments. This will delay the filing process.

Claimants will go to www.FileCTUI.com, the CTDOL unemployment filing page.

You will need to click on "Start a New Claim" if:

- If you are a first-time filer, or
- Your Benefit Year has ended and a new claim is needed.

PLEASE NOTE: A new claim should be filed during the first week you are receiving a reduction.

For example:

If you have your first reduction on Monday the 3rd of the month, you can file a new claim in ReEmployCT anytime starting that Monday the 3rd of the month up to 11:59 on Saturday the 8th. Then, on Sunday the 9th you will file your weekly certification. Please see the desk aid on how to file a weekly certification provided to your employer or view on our website www.sharedWorkCT.com.

After clicking on "Start a New Claim":

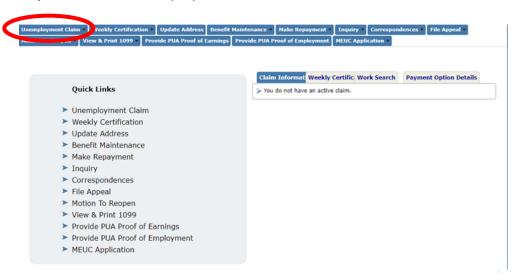
- If this is your first time using ReEmployCT you will need to set up a new username and password; (Every unemployment filer must create a **new** account in the ReEmployCT system). If you need assistance setting this up, please refer to the desk aid on how to set up a "ReEmployCT- User ID and Password".
- Attention: Prior to filing a new claim for Shared Work, your employer must have applied for Shared Work and been approved. Please do not file your initial claim until you receive confirmation that this has been completed.

Once you've clicked on "Start a New Claim" you'll be directed to the "Benefit Filers/Claimant Information" page. From here you can scroll to the bottom of the page and click on "Ready? Let's go: Click here to file in ReEmployCT".

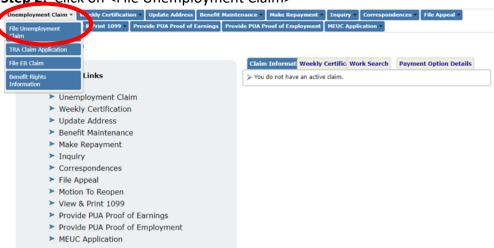
Ready? Let's go: Click here to file in ReEmployCT.

Enter your user ID and Password, and then click <Log In> (please note you cannot just hit "enter" as the system requires the "click")

Step 1: Click on < Unemployment Claim>

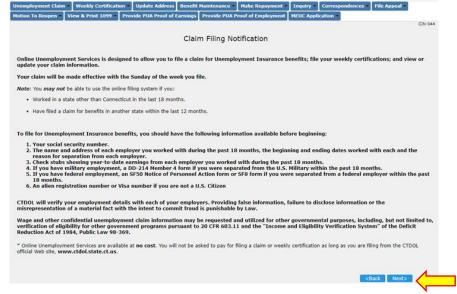


Step 2: Click on <File Unemployment Claim>



After clicking <Next> you will be directed to the "Claim Filing Notification" screen.

Step 3: After reading the "Claim Filing Notification" click <Next>After clicking <Next> you will be directed to the "Personal Information" screen.



Step 4: On the "Personal Information" Screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an "*" require an answer to proceed.

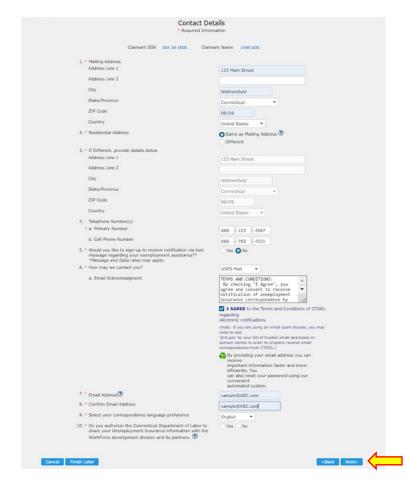
Please note, this is a sample, and you should answer questions as they pertain to you

	Personal Infor	
	1. SSN	xxxx-xx-0000
	2. * First Name	Jane
	3. Middle Initial	
	4. * Last Name	Doe
	5. Other last name worked under since 01/01/2021	
	6. * Date of Birth	06 / 16 / 1973
	7. * Gender	Male Female
	8. * Race	Choose not to answer ▼ ⑦
	9. Ethnicity	O Not Hispanic / Latino
		Hispanic/Latino
	10. * Are you a U.S. citizen?	O Yes ○ No
	If No, provide following information	
	a. Alien Document Type	-Select-
	b. Document Number	
	c. Expiration Date	MM / DD / YYYY m
	11. Do you have a disability?	Yes O No ⑦
	a. If Yes, select type of disability	-Select-
	12. * Are you a military veteran, transitional veteran or spouse of a military veteran?	Yes O No ⑦
	13. * Select the highest grade completed in school	4 Years of College ▼
	14. * Do you require a language interpreter?	Yes No
	a. If Yes, select the preferred language	-Select-
	b. If other, enter the preferred language	
	15. * Do you want to add any dependents?	Yes No 🔊
	a. if yes, select the type of dependents	Spouse Child
Cancel		<back next=""></back>

After clicking <Next> you will be directed to the "Contact Details" screen.

Step 5: On the "Contact Details" screen, you will need to answer questions and then click <Next>. Please note all fields marked with an "*" require an answer to proceed.

Please note, this is a sample, and you should answer questions as they pertain to you



After clicking <Next> you will be directed to the "Verify Contact Details" screen.

Step 6: On the "Verify Contact Details" screen, verify that the information that appears on the screen is correct, if it is, click <Next>. If the information is incorrect, click <back> to make corrections.



After clicking <Next> you will be directed to the "Security Confirmation" screen.

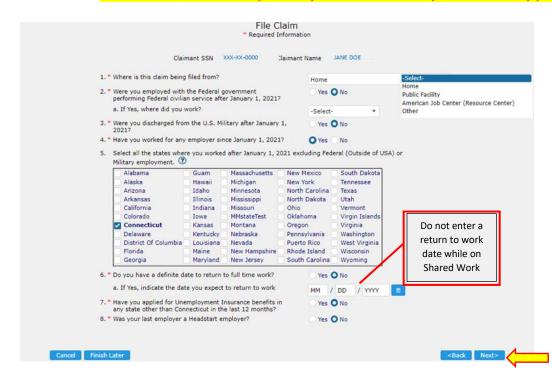
Step 7: On the "Security Confirmation" screen, you will enter your name <u>exactly the way it appears on</u> your Social Security Card and then click <Next>

CTDOL will validate identity changes.	Claimant SSN XXX-XXX-0000 Claimant Name JANE DOE Information you provided with other state and federal agencies. Review the information and make any necessary
	information you provided with other state and federal agencies. Review the information and make any necessary
1. SSN XXX-XX-2219	
	f your Social Security Number is incorrect, you must contact the CTDOL Call Center at 1-860-263-6999. A Customer ervice Representative is available to assist you Monday through Friday from 8:00 AM to 5:00 PM.)
2. * First Name on SSN Card	lane
3. * Last Name on SSN Card	Dod.
4. * Date of Birth 0	06 / 16 / 1973

After clicking <Next> you will be directed to the "File Claim" screen.

Step 8: On the "File Claim" screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an "*" require an answer to proceed. <u>PLEASE NOTE:</u> Do not enter a return-towork date while on Shared Work.

Please note, this is a sample, and you should answer questions as they pertain to you



After clicking <Next> you will be directed to the "File Claim Continuation" screen.

Step 9: On the "File Claim Continuation" screen, you will need to answer questions and then click <Next>. Please note all fields marked with an "*" require an answer to proceed.

Please note, this is a sample, and you should answer questions as they pertain to you

File Claim Co Required In		
Claimant SSN XXX-XXX-0000 CI	aimant Name JOHN DOE	
1. * Are you a construction worker?	Yes No	
a. If yes, please provide the NCCI code	-Select-	*
2. Do you expect to get employment through a Union Hall?	Yes No	
3. Did you collect workers compensation since 01/01/2021?	Yes O No	
4. * Were you on approved sick/disability leave since 01/01/2021?	Yes No	
Cancel Finish Later		<back next=""></back>

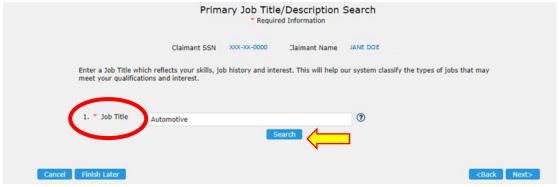
After clicking <Next> you will be directed to the "Employment History" screen.

Step 10: On the "Employment History screen, you will verify the information and then click <Next>.

	Lilipioyi	nent History	
Claimant SS	N xxx-xx-0000	Claimant Name	JANE DOE
The following screens will ask	you to provide detail	s of your employm	ent history during the past 18 months.
			s and the reason for separation. Providing false information or fraud is punishable by law.

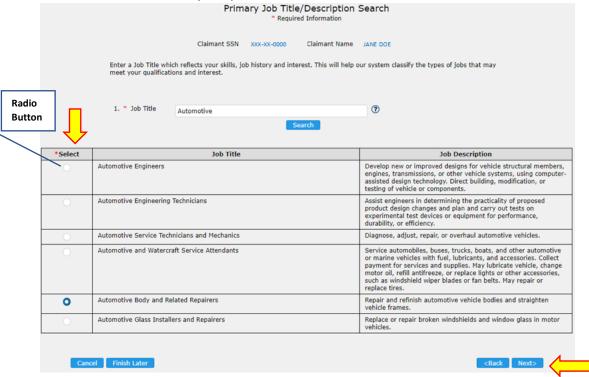
After clicking <Next> you will be directed to the "Primary Job Title/Description Search" screen.

Step 11: On the "Primary Job Title/Description Search" screen, you will need to choose a job title that best describes your position. Enter one or two Key Words in the "Job Title" Field and then click <Search>.



After clicking <Search> you will be directed to the "Primary Job Title/Description Search" screen.

Step 12: On the "Primary Job Title/Description Search" screen, select the <radio button> next to the job title that best describes your position, then click <Next>.



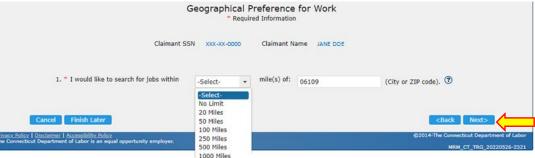
After clicking <Next> you will be directed to the "Job Title Summary" screen.

Step 13: On the "Job Title Summary", enter the Work Experience in years and months, answer question #1, and then click <Next>. Please note all fields marked with an "*" require an answer to proceed.



After clicking <Next> you will be directed to the "Geographical Preference for Work" screen.

Step 14: On the "Geographical Preference for Work" screen, select a distance and enter the zip code for which you would be willing to work, then click <Next>. Please note all fields marked with an "*" require an answer to proceed.



After clicking <Next> you will be directed to the "Employment Details" screen.

Step 15: Under "Employment Details", you will need to answer the questions and then click <Next>. All fields marked with a "*" require an answer to proceed. PLEASE NOTE: When filing for Shared Work, you must choose "Shared Work Participation" from the drop down menu for question 1j. If this option does not appear STOP and contact your Shared Work Employer. After answering all the question, click <Next>.

Please note, this is a sample, and you should answer questions as they pertain to you

Employment Details JANE DOE Claimant SSN Claimant Name SAMPLE SHARED WORK EMPLOYER Employer Name More Informati 1. * Did you work for this employer? O Yes No If Yes, provide the following information / 05 / 2019 a. First date of work Do not enter a / yyy / DD b. Last date of actual work last day or date / DD / mm c. Date of separation, If different than last day of actual work of separation Automotive Repair d. Job Title/Description date IMPORTANT! When 40.00 / Hour e. What was your rate of pay? filing for Shared Work, 40.00 f. Hours per week you must Select "Shared g. Shift ☑ 1st 2nd 3rd Work Participation" h. Did you work Full-Time(FT) from the drop down i. Work Week Sun Mon Tue Wed Thu Fri Sat j. Reason you are no longer working with this employer -Selecti. If Voluntary Quit, select reason -Selectii. If Discharged / Fired, select reason -Select-Yes O No k. Are you receiving or are you going to apply for a pension from this employer? (Do not include severance pay or Social Security benefits.) ischarged / Fired i. If yes, provide the date you received or will receive the pension / DD 1 mm Lack of work / Laid off Leave of Absence I. Employer Telephone Number Still Employed-Working Full-Time Still Employed-Working Part-Time 2. * Are you receiving or will you receive severance pay, Yes O No Strike / Lock Out vacation pay, or any other dismissal pay from this employer? Suspension 1. If yes, indicate which type(s): Shared Work Participation a. Wages in Lieu of Notice/Salary Continuance (not including severance pay) b. Severance Pay c. Paid Time Off (PTO) d. Vacation Pay - Other than PTO e. Supplemental Unemployment Benefit (SUB) f. Dismissal pay - Other Payments If this option does 2. Are you a part of a large layoff involving 20 or more not appear STOP & Yes No employees? contact your SW Employer. Cancel Finish Later

After clicking <Next> you will be directed to the "Employment Summary" screen.

Step 16: On the "Employment Summary" screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an "*" require an answer to proceed.



After clicking <Next> you will be directed to the "Able and Available Details" screen.

Step 17: On the "Able and Available Details" screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an "*" require an answer to proceed.

Please note, this is a sample, and you should answer questions as they pertain to you

Claimant SSN XXX-X	0000 Claimant Name JANE DOE
1. Are you currently self-employed?	Yes O No
2. Have you refused an offer of work since your last day of employment?	Yes O No
3. Are you presently attending school or training?	Yes No
4. * Can you accept full-time work immediately?	O Yes No
a. If No, select all the reasons that apply	Medical Condition / Disability
	Child Care
	Transportation
	Family Responsibility
5. * Are you a Corporate Officer?	Yes No

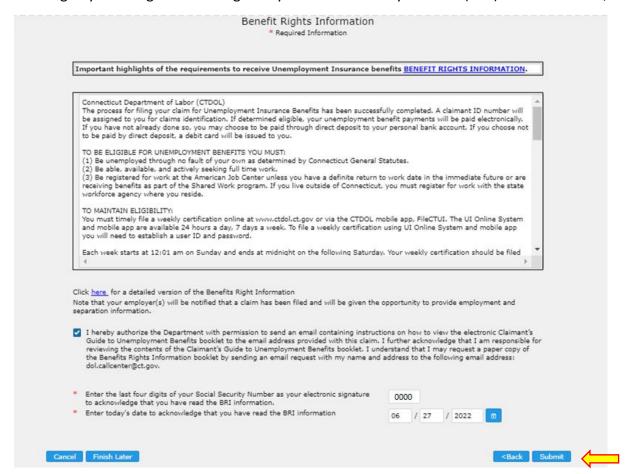
After clicking <Next> you will be directed to the "Tax Withholding and Payment Option" screen.

Step 18: On the "Tax Withholding and Payment Option" screen, you will need to answer the questions and then click <Next>. Please note all fields marked with a "*" require an answer to proceed.

C	laimant SSN	XXX-XX-0000	Claimant Name	JANE DOE		
 Do you want to have 10% of your Unemployment Insurance benefit payments, including Federal Additional Compensation, withheld for Federal income tax? 				Yes O No	•	
 Do you want to have 3% of your Unemployment Insurance benefit payments, including State Additional Compensation, withheld for State income tax? 				Yes O No	•	
3. Select your preferred method of receiving benefit payments			O Direct Depos	sit Debit Card		
If you selected Direct Depos	it, enter the fo	ollowing informat	tion:			
a. Name on Bank Account						
b. Bank Routing Number				•		
c. Financial Institution						
d. Bank Account Number				•		
e. Confirm Bank Account No	ımber					
f. Account Type				-Select-	. ①	

After clicking <Next> you will be directed to the "Benefit Rights Information" screen.

Step 19: On the "Benefit Rights Information" screen, you will need to read the information provided. Then sign by entering the last 4 digits of your Social Security Number (SSN) and date. Then, click <Submit>.



After clicking <Submit> you will be provided with important weekly filing instructions and a claim confirmation. This completes the filing an initial/new claim process.

<u>REMINDER:</u> Once the New claim is processed you will be responsible for filing your weekly certifications timely while on the Shared Work program. If you have questions about filing weekly certifications, please refer to the desk aid on filing weekly certifications if you have questions.