

## TELE-BENEFITS INITIAL CLAIM LINE

### INFORMATION FOR FILING YOUR INITIAL UNEMPLOYMENT CLAIM BY TELEPHONE

**INSTRUCTIONS TO EMPLOYEE:**                    (*EMPLOYER: Please turn to “UC-61” on reverse of packet*)

This packet has been prepared to assist you in filing a new claim for Unemployment Compensation benefits by telephone. Your employer should have completed the Unemployment Notice on the last page of this packet. However, if it was not completed, you should file your claim without it.

**Please read the following information and follow the instructions provided throughout the packet.**

#### SECTION A - GENERAL INFORMATION

**Q. What will I find in this packet?**

- A.**
- Information for filing your Unemployment Compensation claim by telephone.
  - Specific instructions for filing your claim for benefits.
  - Questions you will be asked while using the Initial Claim Tele-Benefits process.
  - Voluntary income tax withholding information and General Release form.
  - Employment Services offered by the Connecticut Department of Labor.

**Q. Can I file for unemployment benefits?**

**A.** Yes. You have a legal right to file a claim for unemployment benefits. A separation packet and/or a separation letter are not required to file a claim for unemployment benefits. To protect your benefits, **do not delay filing**. The EFFECTIVE DATE of your unemployment claim depends upon the **date that you complete your claim for benefits**.

**Q. How do I file a claim for unemployment benefits?**

**A. BY TELEPHONE IN ENGLISH OR SPANISH: Claims for unemployment compensation are now taken by telephone.** The telephone numbers used to file a claim are listed in Section D, page 5 of this packet.

**Q. What if I am unable to use the telephone due to a disability?**

**A.** There is a special telephone number for deaf or hearing impaired individuals on page 5 (TDD/TTY users). Other individuals may contact the closest Department of Labor/American Job Center (DOL/American Job Center) at the address provided in the blue pages of your telephone book.

**Q. Will I qualify for unemployment benefits?**

**A.** The Connecticut Unemployment Compensation Act is intended to provide benefits to workers who have earned enough wages to qualify and meet certain eligibility requirements. You may be scheduled for a fact finding hearing to determine your eligibility to receive benefits under this act. Printed material regarding eligibility for unemployment compensation is available at all DOL/American Job Centers, many public libraries, and our website at [www.ct.gov/dol](http://www.ct.gov/dol).

**Q. What will the Labor Department need to know?**

**A.** Information about you, your dependents, and your work history will be used by the Connecticut Department of Labor to establish your claim. All correspondence, including a Debit Card, will be mailed to the address of record that you give us, unless you select Direct Deposit as your method of payment.

**Important: Be sure that all information you provide is accurate. Any information you provide is subject to verification. Intentionally making a false statement or failing to disclose material facts to obtain benefits is a violation of the law.**

By initiating a claim for unemployment benefits you will be authorizing the release, to the Connecticut Department of Labor, of wage and other information that may be required to determine your eligibility.

# STATE OF CONNECTICUT - DEPARTMENT OF LABOR

## SECTION B - PREPARING TO FILE YOUR TELE-BENEFITS CLAIM

When you call to file your claim you will be asked for your **Social Security number** and be given instructions to create your own four-digit **PIN** (Personal Identification Number). **Your PIN protects the privacy of your claim and has the SAME LEGAL AUTHORITY AS YOUR SIGNATURE ON A PAPER.** Select a PIN you will easily remember because you will use it whenever you file a claim. **Do not give your PIN to anyone.**

**The questions listed below, and any follow-up questions indicated, will be asked when you call to file your new claim. It will speed the processing of your claim if you answer the questions BEFORE calling.**

<b>1. Have you worked or filed a claim in a state other than Connecticut in the last 24 months?</b> <i>(If Yes, disregard remaining questions and go to Question 1 in SECTION C, page 3)</i>	(1) Yes	(2) No
<b>2. Are you currently working full time?</b>	(1) Yes	(2) No
<b>3. What is your telephone number?</b> <i>(Including area code)</i>	(____) - _____ - _____	
<b>4. What is your date of birth?</b> <i>(Example: 07/22/1972)</i>	__ / __ / _____	
<b>5. What is your sex?</b>	<input type="checkbox"/> 1. Male	<input type="checkbox"/> 2. Female
<b>6. What is your marital status?</b> <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Separated <input type="checkbox"/> 5. Divorced		
<b>7. What is your race?</b> <input type="checkbox"/> 1. White <input type="checkbox"/> 2. African American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <i>(for statistical purposes only)</i> <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other <i>(check #6 if none of the above or you choose not to answer)</i>		
<b>8. Are you a United States citizen?</b> <i>(If No, write your Alien # here)</i> Please have your Alien card available prior to calling the Tele-Benefits line.	(1) Yes	(2) No
<b>9. Are you available for full time work?</b>	(1) Yes	(2) No
<b>10. Are you attending school or in a training program?</b> <i>(If Yes, complete Question 10 in SECTION C, page 3)</i>	(1) Yes	(2) No
<b>11. Did you collect Worker's Compensation or were you on an approved medical leave in the last 24 months?</b> <i>(If Yes, complete Question 11 in SECTION C, page 3)</i>	(1) Yes	(2) No
<b>12. Are you self-employed?</b> <i>(Answer yes whether or not you are currently receiving income from self-employment)</i>	(1) Yes	(2) No
<b>13. Are you or have you been an officer of a corporation in the last 24 months?</b>	(1) Yes	(2) No
<b>14. Are you receiving primary Social Security benefits based on your own earnings?</b> <i>(If Yes, complete Question 14 in SECTION C, page 3)</i>	(1) Yes	(2) No
<b>15. Are you receiving a pension?</b> <i>( If Yes, complete Question 15 in SECTION C, page 4)</i>	(1) Yes	(2) No
<b>16. Have you worked for the Federal Government in the last 24 months?</b> <i>(If Yes, see Question 16 in SECTION C, page 4)</i>	(1) Yes	(2) No
<b>17. Have you served in the Armed Forces in the last 24 months?</b>	(1) Yes	(2) No
<b>18. Have you been employed by an educational institution in the last 24 months?</b>	(1) Yes	(2) No
<b>19. Are you a construction worker?</b>	(1) Yes	(2) No
<b>20. Are you a member of a union?</b>	(1) Yes	(2) No

**STATE OF CONNECTICUT - DEPARTMENT OF LABOR**

**SECTION C - FOLLOW-UP QUESTIONS**

**\*\*You do not have to answer these questions unless directed to do so when answering questions 1 through 20 in Section B. \*\***

**Question 1.** If you worked in a state other than Connecticut in the last 24 months, complete the following:

Information Needed	Employer # 1	Employer # 2
Employer Name		
Employer Address <i>(Complete address)</i>		
Dates of Employment		
Reason for Separation		
Type of Work Performed		

**Note:** If you have additional out of state employment, provide the same information for each employer on another sheet of paper.

If you filed a claim for unemployment benefits in a state other than Connecticut in the last 24 months, complete the following:

State	Date filed

**Question 10.** If you are attending school or a training program, complete the following:

Name of school	
Days and hours of attendance	

**Question 11.** If you received Worker's Compensation or if you were on an approved medical leave, complete the following:

Enter the type of payment. <i>(i.e. If Worker's Compensation: specific award, permanent partial, temporary total, temporary partial)</i>	
--	--

**Question 14.** If you are receiving primary Social Security benefits, complete the following:

Amount of Social Security	\$	Date began receiving SS	/	/
---------------------------	----	-------------------------	---	---

**STATE OF CONNECTICUT - DEPARTMENT OF LABOR**

**(SECTION C - CONTD.)**

**Question 15.** If you are receiving a pension, please complete the following:

<b>Pensioning Employer's Name and Address</b>			
<b>Date began receiving pension</b>	/ /	<b>Date last worked for this employer</b>	/ /
<b>Monthly or lump sum of pension</b>	\$	<b>Type (disability / retirement)</b>	
<b>Name and address of administrator if different from above</b>			

**Question 16.** If you worked for the Federal Government in the last 24 months, have available your SF 8, SF 50 or any separation documentation you may have received from the Federal agency. **Also have available verification (pay stubs, W-2, etc.) of any Federal wage amounts earned in the last 24 months.**

**PLEASE NOTE:** Listed below are other situations that may apply to you that the Customer Service Representative (CSR) may ask you about at the time of your call:

- **Dependents** - If you have **children** that you wish to claim as dependents on your unemployment claim, please have your children's names and dates of birth available. If you have a **spouse** that you wish to claim as a dependent, please have your spouse's Social Security number and date of birth available.
- **Other employers** - If you have or have had any other employers (*other than the employer who completed Section F, Unemployment Notice*) in the last 3 months, please be prepared to tell the Customer Service Representative.
- **Veteran** - If you are a veteran, please tell the CSR at the time of your call. You may be eligible for certain re-employment services designed for veterans.

**ADVICE -** Please **KEEP this packet** in a safe place, you may be required to submit it to the Connecticut Department of Labor at a later date.

You may be required to mail certain documentation to the Connecticut Department of Labor. All documentation, unless otherwise noted, will be mailed to the following address:

**Connecticut Department of Labor  
 Claims Examination Unit  
 200 Folly Brook Boulevard  
 Wethersfield, CT 06109-1114**

**STATE OF CONNECTICUT - DEPARTMENT OF LABOR**

**SECTION D - FILING YOUR TELE-BENEFITS CLAIM**

**TO FILE YOUR CLAIM**, please call the telephone number listed that is within your local calling area. Directions to the DOL/American Job Center offices located in these areas can also be obtained by calling the numbers listed below.

<b>CALLING AREA</b>	<b># TO CALL TO FILE CLAIM</b>
Ansonia	(203) 230-4939
Bridgeport *	(203) 579-6291
Bristol	(860) 566-5790
Danbury	(203) 797-4150
Danielson *	(860) 423-2521
Enfield *	(860) 566-5790
Hamden	(203) 230-4939
Hartford	(860) 566-5790
Manchester	(860) 566-5790

<b>CALLING AREA</b>	<b># TO CALL TO FILE CLAIM</b>
Meriden	(860) 344-2993
Middletown	(860) 344-2993
New Britain	(860) 566-5790
New London	(860) 443-2041
Norwich	(860) 443-2041
Stamford	(203) 348-2696
Torrington *	(860) 482-5581
Waterbury	(203) 596-4140
Willimantic	(860) 423-2521

\* If you live in the **Kent, North Thompson, Salisbury, Sharon, Stafford Springs, Westport** or **Wilton** exchange, you may call the following toll free number: 1-800-354-3305. This number is **NOT** accessible statewide. It is only for the seven exchanges listed above.

If you live out of state, contact our Interstate office at 1-800-942-6653.

**TDD/TTY Users CALL 1-800-842-9710.**

**If you wish to file a new claim online go to [www.filectui.com](http://www.filectui.com).**

**SECTION E - EMPLOYMENT SERVICES AVAILABLE**

Search Job Opportunities at CT JobCentral <http://www.jobcentral.org/ct/>

**DOL/American Job Centers offer a variety of Employment Services**

- Internet Access for Job Search
- Computers for Résumé and Cover Letter Writing
- Employer Recruitment
- Veteran's Services
- Labor Market Information
- Internet Access for Job Search

**Employment Workshops:**

- Job Search Strategies
- Interviewing Techniques
- Looking for Work over 40
- Job Club Support Groups
- Résumé Writing
- Using the Internet in Your Job Search

**For more information about employment services we offer, visit your nearest DOL American Job Center**  
*(directions can be obtained by calling the number above nearest to your residence),*

**or visit our Website at: [www.ct.gov/dol](http://www.ct.gov/dol)**



## VOLUNTARY WITHHOLDING OF INCOME TAX FROM UNEMPLOYMENT BENEFITS

**IMPORTANTE - TENGA ESTO TRADUCIDO  
INMEDIATAMENTE**

**Benefits are taxable** - Any unemployment benefits you receive are fully taxable as income by the IRS and the Connecticut Department of Revenue Services, **PROVIDED YOU ARE REQUIRED TO FILE A TAX RETURN.**

- # You may voluntarily have taxes withheld for Federal and Connecticut income taxes.
- # The Internal Revenue Service has set the amount to be withheld at 10%, rounded to the nearest whole dollar, of your total weekly unemployment benefit payment.
- # Connecticut has set the amount to be withheld for Connecticut income tax at 3%, rounded to the nearest whole dollar, of your unemployment benefit payment. State law requires that **the choice to withhold applies to both taxes**, not one or the other.
- # You may elect to have the Department of Labor deduct these withholdings and forward them to the appropriate tax agency when asked by the Customer Service Representative. Or, if you do not want taxes withheld right away, you can contact the Call Center any time during your benefit year to begin having taxes withheld with the first payment issued to you after your request has been processed. If you elect to have taxes withheld, you may change your election **ONLY ONCE** during your benefit year. The Department of Labor **CANNOT REFUND** any taxes withheld. Refunds will have to be resolved with the tax agency.
- # Any legally-required reductions in your weekly benefit amount, such as part-time earnings, retirement payments, severance or vacation pay, offsets of prior unemployment payments, or child support intercept payments (CSI), will be taken from your weekly benefits **PRIOR** to any voluntary tax withholding. The amount of the CSI deduction or overpayment offset will be considered part of the weekly payment against which the tax withholding amounts are calculated. Listed below are examples of withholding deductions.

Weekly Benefit	10% IRS Withholding	3% CT Withholding	Total Withholding	CSI	Payment Amount
\$150.00	\$15.00	\$5.00	\$20.00	\$0	\$130.00
\$225.00	\$23.00	\$7.00	\$30.00	\$75.00	\$120.00
\$300.00	\$30.00	\$9.00	\$39.00	\$0	\$261.00
\$350.00	\$35.00	\$11.00	\$46.00	\$90.00	\$214.00

**The Customer Service Representative, whom you will talk with after your automated filing, will ask whether or not you wish to have taxes withheld.**

--	--	--	--

(For Office use Only)



**IMPORTANTE – TENGA ESTO TRADUCIDO INMEDIATAMENTE**

CONNECTICUT DEPARTMENT OF LABOR  
 CLAIMS EXAMINATION UNIT  
 200 FOLLY BROOK BOULEVARD  
 WETHERSFIELD CT 06109-1114 TELEPHONE (860) 263-6635

**GENERAL RELEASE**

**If instructed to do so by the call Center Service Representative:** Please complete and return this form to the above address.

Fill out all of the information requested to the right and sign this document below. It is <b>extremely important</b> that all of the requested information is provided and that your signature is on this release form. <b><i>Failure to do so could cause a serious delay in the processing of your claim for benefits.</i></b>	NAME: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>First</span> <span>M.I.</span> <span>Last</span> </div> SOC. SEC. NO.: ____ / ____ / ____
---	--

**AUTHORIZATION OF RELEASE OF WAGE AND PENSION INFORMATION**

I authorize the release to the Connecticut Department of Labor of such pension and other income information that may be required to determine my eligibility for unemployment compensation benefits.

**CLAIMANT'S SIGNATURE REQUIRED:** \_\_\_\_\_

Information concerning an individual's unemployment compensation claim may be disclosed, under certain circumstances, to other governmental agencies pursuant to Title XI of the Social Security Act as amended by Public Law 98-369 (42 U.S.C. 503 (F) ). It is possible that information concerning your filing history could be accessed by other state, municipal, or federal agencies involved in an income and eligibility verification system.

**AUTHORITY:** The Connecticut State Labor Department, Employment Security Division is empowered to solicit information to access wage records and process your application or claim for benefits under the authority of Connecticut Statute, Sections 31-222 and 31-254 as supplemented by Section 31-222-8 of the Unemployment Compensation Regulations.

**STATE OF CONNECTICUT - DEPARTMENT OF LABOR**

UC-61 (Rev. 4/15)

**IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE**

**SECTION F - UNEMPLOYMENT NOTICE**

**INSTRUCTIONS TO EMPLOYER:**

It is your responsibility to give this entire packet to the separating employee at the time of separation, regardless of the reason for separation (see Section L below). If it is not possible to give this packet to the employee at the time of separation, then mail the packet to the employee's last known address.

- DO NOT send a copy to the Department of Labor.

**PLEASE BE SURE THAT ALL THE INFORMATION ENTERED BELOW IS CORRECT**

<b>A. EMPLOYER CONNECTICUT REGISTRATION NUMBER</b> (If unsure, call Employer Status Unit at 860-263-6550, all other questions should be directed to Claims Exam at 860-263-6635.)									
<b>B. COMPANY NAME</b>									
<b>C. COMPANY ADDRESS</b> <i>Please note: all fact finding hearing notices will be sent to this address.</i>									

<b>D. EMPLOYEE NAME</b>											
<b>E. SOCIAL SECURITY NUMBER</b>											
<b>F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)</b>											
<b>G. START DATE</b>	/	/		<b>H. LAST DAY WORKED</b>	/	/		<b>I. RETURN TO WORK DATE (if definite)</b>	/	/	
<b>J. YEAR TO DATE EARNINGS</b>	\$	<b>K. WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)</b>						\$			
<b>L. REASON FOR UNEMPLOYMENT</b>	<input type="checkbox"/> Lack of Work <input type="checkbox"/> Voluntary Leaving <input type="checkbox"/> Discharge/ Suspension <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other _____										
<b>M. DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?</b>								<input type="checkbox"/> <b>YES</b>		<input type="checkbox"/> <b>NO</b>	
If yes, what type?	No. of hours/days covered			Amount			Dates Covered				

<b>EMPLOYER SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>	
<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>		