

STEP-BY-STEP PROCESS FOR FILING UNEMPLOYMENT INSURANCE (UI) CLAIMS

The following process describes the steps for filing a typical unemployment insurance claim. The actual steps may vary depending on the circumstances and type of claim. Claimants should refer to the Information on Unemployment Benefits Handbook for specific information on the claim filing process.

1. Filing your initial claim.

- a. As soon as you become unemployed, call Hawaii Tele-Claim at 643-5555 (or 1-877-215-5793 outside of Hawaii). Since Mondays and Tuesdays are the busiest, we recommend you call from Wednesday to Friday during the first week you become unemployed.
- b. When you call Hawaii Tele-Claims, you will answer questions from our Interactive Voice Response (IVR) system using your touch-tone telephone to begin the claim process. Remain on the line after you have completed the IVR portion of the claim filing process to speak to a Customer Service Representative (CSR). If you call outside office hours, you will need to call again during office hours to speak with a CSR to complete the claim filing process. You must speak with a CSR to complete the initial claim filing process.
- c. Depending on your work history, type of claim, amount of information needed, etc. your interview with the CSR may take between 10 – 20 minutes.

2. Within 1-2 days after you file your initial claim.

- a. After filing your initial claim, we will mail you an informational packet. Follow the enclosed instructions regarding any forms that need to be completed and returned to the local office handling your claim. Do not delay reviewing the documents and returning any forms that require completion within the specified time. Be sure to take the enclosed “Registration for Work” form and report to the Workforce Development Division (WDD) within seven (7) days to register for work. If you belong to a labor union with a hiring hall, take the enclosed “Union Registration” form to your union. Mail or turn in the “Registration for Work” form or the “Union Registration” form within seven (7) days.
- b. You will also receive separately a “Reminder Claim Certification” which will indicate the first week that you should file for benefits and the period during which you should file for that week. (The “Reminder Claim Certification” is for information purposes only. Do not mail or turn in the “Reminder Claim Certification.”)
- c. Refer to the “Instructions for Using Hawaii Tele-Claim” which came with your packet. You are encouraged to use the “Practice Line” to familiarize yourself with the telephone claim certification filing process before you actually file your first claim certification. If you have any questions, call your local office for assistance.

3. Filing your claim certifications after you file your initial claim.

- a. The first week on your claim is generally your waiting period. You must file for that week to receive credit for it but you will not be paid for that week. The first week that you can be paid for will be the second week that you claim. If there are no eligibility issues or job separation issues, (i.e., you were discharged or voluntarily quit), you will receive payment for the second week within 21 days after you filed your initial claim. After filing your first and second weeks one week at a time, you will then start filing on a bi-weekly (two weeks at a time) basis. Each time you file a bi-weekly claim certification, you will receive a payment for those two weeks.
- b. To begin file your weekly or bi-weekly claim certifications, call Hawaii Tele-Claim at 643-2222 (or 1-877-215-5791 outside Hawaii) during the period indicated on the “Reminder Claim Certification.”
- c. Each time you file for a weekly or bi-weekly period via Hawaii Tele-Claim, you will receive a “Reminder Claim Certification” within 1 – 3 days which will advise you of the next weekly or bi-weekly period that you should file for and the dates within which you should call Hawaii Tele-Claim to file your claim certification(s).
- d. If you have a part-time employer or if you are still on payroll with your regular fulltime employer but not getting fulltime hours to work, your employer must verify your earnings before a payment is processed. You will be provided with a “Low Earnings Report” to take to your employer to verify your earnings for each week you claim benefits. Your earnings in excess of \$50 will be deducted from your unemployment check.

4. Your “Determination of Insured Status.”

- a. Generally, within 10 days after you file your initial claim, we will send you a “Unemployment Insurance Determination of Insured Status” form that will tell you if you were paid sufficient wages to qualify for unemployment insurance benefits.
- b. This determination will state your weekly benefit amount, the maximum amount payable on your claim, the starting and ending dates of your claim, and the wages that were used to compute your entitlement.
- c. If you did not have sufficient wages to qualify, the reason will be stated on the determination.
- d. If you disagree with the determination, or the wages or employment reported, you can request reconsideration or file an appeal. (Refer to the appeal rights printed on your determination for more information.)

5. Eligibility Determinations.

The following steps apply only if there are any eligibility issues on your claim.

- a. If there are any eligibility or job separation issues that must be resolved to determine your eligibility for benefits, we call you on the phone or send you a notice to contact a claims examiner to provide information. After the claims examiner conducts the investigation, we will send you a written determination advising you of your eligibility

for benefits. The eligibility determination process will usually be completed within 14-21 days after you filed your initial claim.

- b. If benefits are allowed, your payments will be released when the eligibility determination is made. If benefits are denied, you will not receive any payments. The eligibility decision you get in the mail will explain the reason why benefits are denied, the period of ineligibility or disqualification, and your appeal rights.
- c. If you are denied benefits and disagree with the decision, you have 10 days from the date of decision to request reconsideration or file an appeal. If you request reconsideration, the UI Division will conduct an investigation and issue a redetermination within 2 weeks affirming, modifying, or reversing the original determination. If you disagree with the redetermination, you can file an appeal.
- d. If you request reconsideration or file an appeal, continue to file your weekly or biweekly claims certifications. If benefits are subsequently allowed, you will be paid only for weeks that were claimed and filed on time.
- e. For determinations involving the reason for your job separation, your employer also has the right to file a reconsideration or an appeal if benefits are allowed and the employer disagrees with the decision.

6. Appeal Rights.

- a. If you or your employer files an appeal, the appeals office will schedule an appeals hearing to be held in about 2 to 4 weeks, depending on workload.
- b. After your appeals hearing, the appeals office will issue a decision within 1 to 2 weeks. If benefits were denied and you are allowed benefits, payments will be made at that time, provided you have filed your weekly or bi-weekly claims for benefits and meet all other eligibility requirements. If benefits are denied by the appeals office and you disagree with the appeal decision, you have 30 days to request reopening or file for judicial review in Circuit Court.