



# **Pandemic Unemployment Assistance (PUA) Step-by-Step Application Instructions**

# How do I use this guide?

This guide provides step-by-step instructions for applying for Pandemic Unemployment Assistance (PUA) benefits.

You also may view helpful video tutorials are available here:

[PUA Video Tutorials](#)



# Table of Contents

*Please click the section you would like to visit.*

Initial Claim

Initial Questions

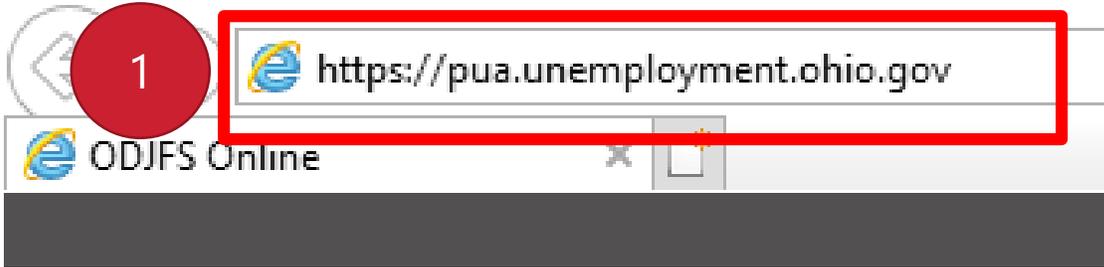
General Information

Pandemic Claim Information

Click the **Home icon** on any page to  
navigate back to the Table of Contents



# Initial Claim



**WARNING**

This system may contain U.S. Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431.

This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

For helpful information about the Pandemic Unemployment Assistance (PUA), visit <https://unemploymenthelp.ohio.gov/expandedeligibility/>

Welcome to Ohio Pandemic Unemployment Assistance Online Application

- Select the [Apply For Benefits](#) link in the top left if you have **NEVER** filed for unemployment benefits from Ohio before.
- If you have an online account in the Ohio PUA system, enter your Social Security Number and Password below.

New Claimant

2

[Click Here to Apply for Pandemic Unemployment Assistance](#)

Existing Claimants

Social Security Number: \*

Password: \*

Login

Forgot Password

Your account will be locked after 3 unsuccessful attempts. If you are having problems logging in, select the "Forgot Password" button to reset your password.

1. Visit <https://pua.unemployment.ohio.gov>
2. Click on the button saying "**Click here to Apply for Pandemic Unemployment Assistance.**"

# Initial Claim

Ohio Department of Job and Family Services

Apply for Benefits

Step 1 Initial Questions

Step 2 General Information

Step 3 Pandemic Claim Information

Step 4 Review and Submit

Initial Questions

Your answers will be used to process your application and determine your eligibility.

1. Are you unemployed as a result of COVID-19? \*

Yes  No

2. Have you filed an unemployment claim in any state other than Ohio since 07/01/2019? \*

Yes  No

3. Were you employed or working in a state other than Ohio since 01/01/2019? \*

Yes  No

4. Were you employed with the military or the federal government since 01/01/2019? \*

Yes  No

Please enter the following information:

Date of Birth:

Email Address:

I hereby certify that the above information is true and correct to the best of my knowledge.

Next

3. Answer the 4 initial questions by selecting the appropriate button.
4. Enter your birth date and email address.
5. Click the **check box** to certify the information.
6. Click **Next**.

# Initial Claim

Claimant Authentication

7

1. Enter your Social Security Number: \*

2. Confirm your Social Security Number: \*

3. Birth Date: \*

1/1/1987

4. Sex (as identified by the Social Security Administration): \*

Female  Male

5. First Name (as it appears on your Social Security Card): \*

6. Middle Initial:

7. Last Name (as it appears on your Social Security Card): \*

8. Suffix:

9. Driver's License Number or State ID Number:

10. Issued by State:

Select one

Enter your email address: \*

test2@test.com

Re-enter your email address: \*

test2@test.com

Previous Next

8

7. Complete the Claimant Authentication information. Note: \* are required fields.
8. Select **Next** when complete.

# Initial Claim

The screenshot shows a web form titled "Set Password". A red circle with the number "9" is positioned to the left of the password input fields. A red circle with the number "10" is positioned below the input fields, with a red arrow pointing to a blue "Next" button. The form contains two input fields: "Choose a New Password \* Password Requirements:" and "Confirm New Password: \*".

9. Create a password. Enter it in both fields.
10. Click **Next**.



# Initial Questions

**Step 1** Initial Questions

**Step 2** General Information

**Step 3** Pandemic Claim Information

**Step 4** Review and Submit

What Information Will I Need to Apply for Benefits?

You will need to provide the information listed below to successfully apply for unemployment benefits:

- Your Social Security Number
- Your valid state drivers license or State ID number if you are a U.S. citizen
- If you are not a citizen of the United States, your Alien Registration number
- Your residential address
- Your mailing address
- Your telephone number
- Your birth date
- Your employment history (past 18 months), which includes:
  - The names of all your employers
  - Employer addresses
  - Employer telephone numbers
  - Reasons you stopped working for your employers
  - Employment start and end dates
- Your 2019 Tax Return if you have one
- Proof that you were scheduled to begin work if you have one

Select **Print** if you would like to see this list in a printer-friendly window.

[Previous](#) [Next](#)

**Note:** Do not use the back arrow on your browser. Instead, use the **'Previous'** and **'Next'** buttons. It would be beneficial to be connected to a printer in order to print important documents.

11. **Read** the information in the dialog box.

12. Click **Next**.



# Initial Questions

My Inbox  
View Correspondences  
Apply for Pandemic UI Benefits  
View and Maintain Account Information

Name: **Penzone, Charles** Claimant ID: **10031070** Claim ID: **2020-01**  
Effective Date: **5/10/2020** Benefit Year End: **5/8/2021** Claim Status: **Not Registered**

**Step 1**  
Initial Questions

**Step 2**  
General Information

**Step 3**  
Pandemic Claim Information

**Step 4**  
Review and Submit

Initial Questions > Basic Benefit Information

### Release of Information and Certification

**Fraud**  
You are applying for Pandemic Unemployment Assistance benefits. You will be asked to certify income and other information. You must tell the truth and provide the correct information. Not telling the truth or holding back information we ask for is fraud. Fraud is a crime and punishable by fines and jail time.  
YOU ARE RESPONSIBLE for making sure your answers are correct and truthful.

**Release of Information**  
We check information such as your name, your social security number, your employer's name and address, and your wages with other state and federal agencies. We may share your information with other government agencies if the law allows. By law, we have to let all of your employers know that you have signed up for unemployment. We are going to ask them why you no longer work for them. We may share what you said concerning your separation with them.

By clicking on the option button below, you are affirming that:

- I must tell the truth and understand that not doing so is fraud and I could be fined or go to jail.
- I must authorize the release of my information to determine my eligibility and to obtain a debit-card account through the Ohio Department of Job and Family Services financial institution.

I have read and understand the above information. \*  Yes  No

Note: If you check 'No' you cannot continue through this application. Tell me more about Data Privacy.

Previous Next

13

14

15

13. **Read** the Release of Information and Certification.
14. Certify that you have read the information by selecting the appropriate button.
15. Click **Next**.



# Initial Questions

My Home Page  
My Inbox  
View Correspondences  
Apply for Pandemic UI Benefits  
View and Maintain Account Information

Home

Name: **Penzone, Charles**      Claimant ID: **10031070**      Claim ID: **2020-01**  
Effective Date: **5/10/2020**      Benefit Year End: **5/8/2021**      Claim Status: **Not Registered**

**Step 1**      Step 2      Step 3      Step 4  
**Initial Questions**      General Information      Pandemic Claim Information      Review and Submit

Initial Questions > Basic Benefit Information

Benefit Claim Effective Date

Your claim will be effective the Sunday of the week that you file this claim. Please select the effective date of your claim:

Effective Date: Sunday, May 3, 2020

Under certain circumstances, your claim may be backdated. You may backdate your claim to the date that you became unemployed due to COVID-19.

If requesting a backdate, please enter the date that you became unemployed due to COVID-19:

Previous      **Next**

16. Enter the **Claim Effective Date**. The Claim Effective date is the Sunday of the week you became unemployed. If you were unemployed PRIOR to the date you are entering the application, select the 2<sup>nd</sup> button and enter your first day of unemployment.

17. Select **Next**.



# Initial Questions

|   |  |  |
|---|--|--|
|    | <b>Initial Questions</b><br>Initial Information<br>Basic Benefit Information   |  <b>Completed</b>     |
|    | <b>General Information</b><br>Contact, Personal and Work Information<br>Tax Withholding Information<br>Payment Options |  <b>Started</b>       |
|   | <b>Pandemic Claim Information</b><br>Pandemic Initial Information<br>Employment and Income information                 |  <b>Not Started</b> |
|  | <b>Review and Submit</b><br>Update Information<br>Submit Claim   |  <b>Not Started</b> |

You have completed Initial Questions.

Click **Started** to begin General Information.

# General Information

**Step 1** Initial Questions    **Step 2** General Information    **Step 3** Pandemic Claim Information    **Step 4** Review and Submit

Contact Information > Identity Verification > Personal Information > Work Information > Additional Occupation Information > Tax Withholding

Contact Information

**First Name:** Charles  
**Middle Initial:**  
**Last Name:** Penzone  
**Suffix:**

Mailing Address

**1**

**In care of (C/O) :**

**Address Line 1: \***

**Address Line 2:**

**City: \***

**State:** OH - Ohio

**ZIP/Postal Code: \***

**Country: \*** US - United States

Telephone Numbers

(Note: ODJFS has the right to leave a message at any of the phone numbers listed.)

(One is required) \*

U.S. and Canada Only:

**Home:** Phone Number Ext

**Mobile:** Phone Number Ext

**Other:** Phone Number Ext

**International:**

Check this box if you do not have a valid telephone number.

Correspondence Preference

You will receive messages from us electronically.

1. Complete the Mailing Address and Telephone Numbers sections.

Note: \* designates required fields.



# General Information

ZIP/Postal Code: \*

Country: \*

US - United States

Telephone Numbers

(Note: ODJFS has the right to leave a message at any of the phone numbers listed.)

(One is required) \*

U.S. and Canada Only:

Home: Phone Number Ext

Mobile: Phone Number Ext

Other: Phone Number Ext

International:

Check this box if you do not have a valid telephone number.

Correspondence Preference

You will receive messages from us electronically.

Please indicate your preferred language:

English

If your preferred language is not in the list above, please select one from this drop down menu:

Select one

(Note: All Correspondences will be in English.)

Are you a person with a Disability? \*

Select one

Do you prefer to communicate using auxiliary aid services?

Yes  No

Previous Next

2

3

2. **Select** your correspondence preference.
3. Click **Next**.



# General Information

The screenshot shows the Ohio Department of Job and Family Services application interface. At the top, the user is identified as Charles Penzone, with a claim ID of 10031070 and a claim status of 'Not Registered'. The application progress bar shows four steps: Step 1 (Initial Questions), Step 2 (General Information), Step 3 (Pandemic Claim Information), and Step 4 (Review and Submit). The 'Identity Verification' section is highlighted with a red circle and the number 4. It contains text explaining the partnership with Experian for identity verification, a warning that it is not a credit inquiry, and a note that selecting 'I Disagree' will delay the claim. Below the text are radio buttons for 'I Agree' and 'I Disagree'. A red circle with the number 5 points to the 'Next' button at the bottom of the section.

4. **Review** the Identity Verification information and click **I Agree**.  
(NOTE: If you select I Disagree, you cannot complete the application.)
5. Click **Next**.



# General Information

View and Maintain Account Information <

Identity Verification - Identity Verification - Claimant Questionnaire

**IMPORTANT!** The following information is needed to determine if you can be paid unemployment benefits. It is critical that you understand the information in this document. If a question does not apply, state that in your answer. There is room at the bottom to add more information, if necessary. If you need help understanding or with the translation of the information in this document, call 1-833-604-0774.

**Section 1**

In processing your application information, we were unable to verify your identity. To help us verify your identity, you must provide a copy of at least two of the documents listed below. If you do not provide these documents, we cannot pay you benefits. If you provide these documents, you will not receive benefits for any weeks until we receive these documents.

You need to provide a copy of at least two of the types of the identification listed below. The preferred method of providing these documents is to upload them as part of this application process. To do so, click Next on the Confirmation page that you will see after this page. You will be presented with an option to provide the additional information we need. Once there, click Yes and select the Upload Document option to upload these documents that will help us verify your identity. This is the fastest way to provide your documents to us.

As an alternative, you can also upload your documents through your online claimant account at <https://pua.unemployment.ohio.gov/>. You can submit documentation to your account under My inbox after you complete this application process. To do so, select the document related to Identity Verification and upload the documents.

You must provide a legible copy of the documents you select below. For best results, take a photo of the document and confirm that you can read it. All the information must be legible.

1. You provide a copy of at least two of the following documents:

- Social Security Card
- Driver's License or State ID for Ohio or other state
- Birth Certificate
- Passport
- Alien Identification Card

If you wish to provide any additional information about this issue, provide below.

Name and title of the person completing this request: \*

Telephone number of the person completing this request: \*

If you would like to be contacted by email as an additional method to contact you, please provide your email address: \*

I certify that the above information is true and correct and I understand that the law provides penalties for false information.\*

Previous Submit Print

6. **Select** the identity verification document you wish to upload.
7. Type any **additional information** you want us to know.
8. Type your name and title.
9. Enter a telephone number.
10. **Click** the check box to certify the information.
11. Click **Submit**.



# General Information

Ohio Department of Job and Family Services

Friday, May 8, 2020 Penzone, Charles Print Logoff Change Password

My Home Page  
My Inbox  
View Correspondences  
Apply for Pandemic UI Benefits  
View and Maintain Account Information

Home

Name: **Penzone, Charles** Claimant ID: **10031070** Claim ID: **2020-01**  
Effective Date: **4/5/2020** Benefit Year End: **4/3/2021** Claim Status: **Not Registered**

**Fact Finding Confirmation Message**

Claimant Id: **10031070**  
Employer:  
Issue Id: **2903**  
Date Completed: **5/8/2020 6:01:05 PM**

**Next**

12

Ohio Department of Job and Family Services

Friday, May 8, 2020 Penzone, Charles Print Logoff Change Password

My Home Page  
My Inbox  
View Correspondences  
Apply for Pandemic UI Benefits  
View and Maintain Account Information

Home

Name: **Penzone, Charles** Claimant ID: **10031070** Claim ID: **2020-01**  
Effective Date: **4/5/2020** Benefit Year End: **4/3/2021** Claim Status: **Not Registered**

**Provide Additional Documentation**

Is there any additional documentation that you would like to provide?

No Yes

13

- 12. Select **Next**.
- 13. Select **Yes** to upload your identity document.



# General Information

The screenshot displays the Ohio Department of Job and Family Services portal. At the top, the header includes the Ohio logo, the department name, and user information: Friday, May 8, 2020, Penzone, Charles, with links for Print, Logout, and Change Password. A navigation menu on the left lists options like My Home Page, My Inbox, View Correspondences, Apply for Pandemic UI Benefits, and View and Maintain. The main content area shows a user profile for Charles Penzone (Claimant ID: 10031070, Effective Date: 4/5/2020, Benefit Year End: 4/3/2021) and a claim status of 'Not Registered'. The 'Additional Documentation Method' section prompts the user to select an option, with 'Upload Document' highlighted by a red box and labeled '14'. Below this, the 'Upload Documents' section instructs the user to click a button to locate and select a file, with the 'Choose File' button highlighted by a red box and labeled '15'. The 'Upload File Confirmation' section shows a message: 'Your Document titled Test document.pdf has been successfully uploaded.' and a 'Next' button, which is highlighted by a red circle and labeled '16' with an arrow pointing to it.

14. Click **Upload Document** to upload your identity document.

15. When prompted, Choose File (document) to upload.

16. When confirmed, select **Next**.



# General Information

Ohio Department of Job and Family Services

Friday, May 8, 2020 Penzone, Charles Print Logoff Change Password

My Home Page My Inbox View Correspondences Apply for Pandemic UI Benefits View and Maintain Account Information

Home

Name: Penzone, Charles Claimant ID: 10031070 Effective Date: 4/5/2020 Benefit Year End: 4/3/2021 Claim ID: 2020-01 Claim Status: Not Registered

Step 1 Initial Questions Step 2 General Information Step 3 Pandemic Claim Information Step 4 Review and Submit

Contact Information Identity Verification Personal Information Work Information Additional Occupation Information Tax Withholding

Personal Information

17

1. Are you a military veteran? \*
2. Ethnic Heritage: \*
3. Race: \*
4. Select your highest level of education completed: \*
5. Are you a U.S. citizen? \*  
 Yes  No
5. Are you a U.S. citizen? \*  
 Yes  No
6. If you have qualified dependents, you may be eligible to collect additional benefits. Do you have qualified dependents? \*  
 Yes  No

Previous Next

18

17. Complete the Personal Information section. (Note: \* designates required fields.)

18. Select **Next**.



# General Information

**Step 1**  
Initial Questions

**Step 2**  
General Information

**Step 3**  
Pandemic Claim Information

**Step 4**  
Review and Submit

✓ Contact Information > ✓ Identity Verification > ✓ Personal Information > Work Information > Additional Occupation Information > Tax Withholding

### Dependent Care Summary

If you would like to add a dependent, select the **Add** button.  
If you would like to modify existing dependent information, select the button next to the entry and select **Edit**.  
If an incorrect entry was made, select the button next to that entry and select **Delete**.

No records found...

**Add** **Edit** **Delete**

- When the Dependent list is complete, Select Next to continue the claim process.

Previous Next

**Initial Questions** **General Information** Pandemic Claim Information Review and Submit

✓ Contact Information > ✓ Identity Verification > ✓ Personal Information > Work Information > Additional Occupation Information > Tax Withholding

### Dependent Details

To apply for dependency allowance, you must provide all the required information for each dependent.

Relationship to you: \*  
Select one

First Name: \*  
MI:  
Last Name: \*  
SSN: \*  
Date of Birth: \*  
(mm/dd/yyyy)  
Gender: \*  
 Male  Female

Previous **Next**

19. If you selected **Qualified Dependent**, you must provide additional information. Select **Add**.
20. Complete required (\*) information.
21. Click **Next**.



# General Information

Step 1 Initial Questions   Step 2 **General Information**   Step 3 Pandemic Claim Information   Step 4 Review and Submit

✓ Contact Information > ✓ Identity Verification > **Personal Information** > Work Information > Additional Occupation Information > Tax Withholding

**22**

**Dependent Care Summary**

If you would like to add a dependent, select the **Add** button.  
If you would like to modify existing dependent information, select the button next to the entry and select **Edit**.  
If an incorrect entry was made, select the button next to that entry and select **Delete**.

|   | First Name | Last Name | SSN         | Date of Birth |
|---|------------|-----------|-------------|---------------|
| ● | Donald     | Duck      | ***-**-2345 | 1/2/1987      |

**23**

Add Edit Delete

• When the Dependent list is complete, Select Next to continue the claim process.

Previous **Next**

22. View **Dependent Care Summary** .

23. Click **Next**.



# General Information

Step 1 Initial Questions | Step 2 General Information | Step 3 Pandemic Claim Information | Step 4 Review and Submit

Contact Information > Identity Verification > Personal Information > Work Information > Additional Occupation Information > Tax Withholding

Work Information

Primary Type Of Work Information

Primary type of work:

To search or change your primary type of work click search **Search**

Previous Next

Occupation Search

- Enter your primary type of work and select **Search** to locate the most accurate description of your occupation.
- You must enter at least 4 alphabetical characters to search.
- Once you have located the most accurate description of your occupation, select the button associated with the Primary type of work, and select **Next**.

Search for Occupation **Search**

Close

Occupation Search

- Enter your Primary type of work and select **Search** to locate the most accurate description of your occupation.
- You must enter at least four (4) alphabetical characters to search.
- Once you have located the most accurate description of your occupation, select the button associated with the Primary type of work, and select **Next**.

supervisor **Search**

Search Results

Show 10 entries

| Select        | Primary type of work                | Description                         |
|---------------|-------------------------------------|-------------------------------------|
| <b>Select</b> | Aircraft Cargo Handling Supervisors | Aircraft Cargo Handling Supervisors |
| <b>Select</b> | Aircraft Cargo Handling Supervisors | Aircraft Cargo Handling Supervisors |

Step 1 Initial Questions | Step 2 General Information | Step 3 Pandemic Claim Information | Step 4 Review and Submit

Contact Information > Identity Verification > Personal Information > Work Information > Additional Occupation Information > Tax Withholding

Additional Occupation Information

Primary Occupation First-Line Supervisors/Managers of Farming, Fishing, and Forestry Workers

How many years have you performed this type of work? \*

Previous **Next**

24. Provide your primary type of work, by selecting **Search**.
25. Enter your occupation and click **Search**.
26. From the Search Display, select the option that is closest to your occupation and click Select. When prompted, select **Next**.
27. Enter your number of years of experience in this occupation.
28. Click **Next**.



# General Information

Step 1 Initial Questions

Step 2 General Information

Step 3 Pandemic Claim Information

Step 4 Review and Submit

✓ Contact Information > ✓ Identity Verification > ✓ Personal Information > ✓ Work Information > ✓ Additional Occupation Information > Tax Withholding

Tax Withholding Options

Unemployment benefits are taxable income under both Federal and Ohio law. I authorize the Ohio Department of Job and Family Services to withhold the following income tax: \*

Federal income tax at the rate of 10%  I choose not to have any income tax withheld at this time.

Previous Next

Step 1 Initial Questions

Step 2 General Information

Step 3 Pandemic Claim Information

Step 4 Review and Submit

✓ Contact Information > ✓ Identity Verification > ✓ Personal Information > ✓ Work Information > ✓ Additional Occupation Information > ✓ Tax Withholding >

Payment Options

All Unemployment Insurance payments are electronic. When an unemployment benefit is made, the payment is made by either:

- Deposit made to an unemployment debit card; or
- Direct deposit to a personal checking or savings account

Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information below:

I would like my benefits paid by deposit made to an unemployment debit card.  I would like my benefits paid by direct deposit to a personal bank account.

Previous Next

29. Do you want federal tax withheld? Click the appropriate button.

30. Click **Next**.

31. Choose how you prefer to receive payment: debit card or direct deposit. Click the appropriate button.

32. Click **Next**.



# General Information

## Direct Deposit Information

33

Please confirm that all account information provided is complete and accurate.

Enter the following information only if you have chosen **direct deposit** as your payment method.

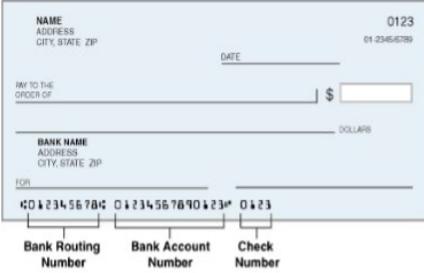
1. Select bank account type \*  
 Checking  Savings
2. Enter the Routing Transit Number \*
3. Select **Verify** to confirm your bank's name:

**Bank Name:**

4. Enter Bank Account Number \*
5. Re-enter Bank Account Number \*

Select **Next** if the information entered is correct.

**Note:** You may change your payment option or direct deposit institution at any time after you apply. Changing the payment option might delay your payment.



If you selected direct deposit, you will be asked for banking information.

33. Enter banking information and click **Next**.



# General Information

Step 1 Initial Questions | Step 2 General Information | Step 3 Pandemic Claim Information | Step 4 Review and Submit

Payment Options

All Unemployment Insurance payments are electronic. When an unemployment benefit is made, the payment is made by either:

- Deposit made to an unemployment debit card, or
- Direct deposit to a personal checking or savings account

Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information below:

I would like my benefits paid by deposit made to an **unemployment debit card**.  I would like my benefits paid by **direct deposit** to a personal bank account.

Debit Card Information

A debit card will be mailed to your address of record via the U.S. Postal Service. Please allow 7-10 business days for delivery. If you do not receive a debit card within 10 business days, please contact a service representative at 1-833-604-0774.

Previous Next

34

35

|   |         |  |
|---|---------|--|
| ATM Balance Inquiry (out-of-network)    | \$0     | This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.  |
| <b>Using your card outside the U.S.</b> |         |  |
| International Transaction               | 0%      | This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose. |
| International ATM Withdrawal            | \$2.00  | This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.  |
| Card Replacement                        | \$0     | This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).  |
| Card Replacement Expedited Delivery     | \$15.00 | This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.  |
| Inactivity                              | \$2.00  | This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.  |

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See [fdic.gov/deposit/deposits/prepaid.html](http://fdic.gov/deposit/deposits/prepaid.html) for details.

**No overdraft/credit feature.**  
Contact Cardholder Services by calling 1-855-279-1678, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankreliacard.com](http://usbankreliacard.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](http://cfpb.gov/complaint).

If you don't agree to these terms, click **close** and select the direct deposit option.

Close

36

If you selected debit card, you will be notified that the debit card will be mailed to you.

34. Click **Next**.

35. Review the terms and conditions.

36. Click **Close**.



# General Information

|   |  |   |
|---|--|---|
|    | <b>Initial Questions</b><br>Initial Information<br>Basic Benefit Information   |    |
|    | <b>General Information</b><br>Contact, Personal and Work Information<br>Tax Withholding Information<br>Payment Options |    |
|   | <b>Pandemic Claim Information</b><br>Pandemic Initial Information<br>Employment and Income information                 |   |
|  | <b>Review and Submit</b><br>Update Information<br>Submit Claim   |  |

You have completed General Information.

Click **Started** to begin Pandemic Claim Information.



# Pandemic Claim Information

Step 1 Initial Questions | Step 2 General Information | **Step 3 Pandemic Claim Information** | Step 4 Review and Submit

Initial Questions > Income, Employment and Household Information

Pandemic Initial Questions

Select ALL below that apply to your current situation:

- I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
- A member of my household has been diagnosed with COVID-19.
- I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.
- My child or other person in my household for which I am responsible as the primary caregiver, is unable to attend school or another facility that is closed as direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.
- I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
- I am unable to reach the place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I was scheduled to start new employment but am unable to reach the job as a direct result of the COVID-19 public health emergency.
- I lost my job as a direct result of COVID-19.
- My place of employment is closed as a direct result of the COVID-19 public health emergency.
- None of the above apply to me.

OR

- I have become the breadwinner or major support for a household because the head of household has died as a direct result of COVID-19.

Previous Next

1. From the displayed list, check those that apply to your situation.
2. Click **Next**.



# Pandemic Claim Information

Step 1 Initial Questions

Step 2 General Information

Step 3 Pandemic Claim Information

Step 4 Review and Submit

Initial Questions > Income, Employment and Household Information

Pandemic Unemployment Assistance - Initial Questions

You indicated you are unemployed as a direct result of a pandemic.

1. Select **ALL** occupations that apply to you.

I work for another person or employer as an employee.

I am self-employed as an independent contractor performing services for others.

I am self-employed as a sole proprietor, partner or corporate officer.

I am a gig economy worker.

I have the ability to telework with pay: \*

Yes  No

I am still working but at reduced hours or pay: \*

Yes  No

I am furloughed: \*

Yes  No

2. Briefly explain how the pandemic caused you to become unemployed: \*

characters remaining (3000 maximum)

Initial/ProcessDUAAppL.aspx#main-row

Previous Next

Depending on your selection, you will be prompted to answer additional questions regarding your current situation.

- 3. Answer questions regarding your situation. (\* designates required fields)
- 4. Click **Next**.



# Pandemic Claim Information

**Step 1**  
Initial Questions

**Step 2**  
General Information

**Step 3**  
Pandemic Claim Information

**Step 4**  
Review and Submit

Initial Questions > Income, Employment and Household Information

**Pandemic Unemployment Assistance (PUA) - Tax Information**

Your income information from your 2019 tax year is needed to determine your Pandemic Unemployment Assistance benefit amount.

1. Select the form you used to file your federal income tax return for your most recently completed and filed tax year. \*

- Form 1040
- Form 1040A
- Form 1040EZ
- Form 1040NR
- Form 1040NR-EZ
- Form 1040 Schedule C
- I have not filed a 2019 tax return
- I do not have access to my records at this time.

2. Did you file jointly on this income tax return? \*

Yes  No

3. Were you claimed as a dependent on someone else's income tax return? \*

Yes  No

Previous Next

To determine your benefit amount, provide your income information from 2019.

5. Select the appropriate tax form you filed in 2019. Answer questions regarding your situation. (\* designates required fields)
6. Click **Next**.



# Pandemic Claim Information

**Step 1** Initial Questions | **Step 2** General Information | **Step 3** Pandemic Claim Information | **Step 4** Review and Submit

Initial Questions > Income, Employment and Household Information

### Pandemic Unemployment Assistance (PUA) - Wage Information

Complete ALL sections for wages and income/loss that you have filed for 2019.

Do not include spouse's income or loss unless you are filing as head of household or bread winner.

Enter the following amounts from your federal income tax form filed for tax year 2019 and indicate whether each amount entered is income or loss. Do not include a spouse's income or loss. If any of the below information does not apply to you, please leave it blank.

Enter the amount of wages, salaries, and tips of your federal income tax return form 1040 and the

**7**  **8**

Enter Total Number of Weeks worked in each quarter:

| 1st Quarter 2019                | 2nd Quarter 2019                | 3rd Quarter 2019                | 4th Quarter 2019                | Total |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------|
| <input type="text" value="13"/> | <input type="text" value="13"/> | <input type="text" value="13"/> | <input type="text" value="13"/> | 52    |

**9**

Enter the business income or loss (if any) from your federal income tax form 1040 for tax year 2019.

Business Income or Loss  Wage Type

Enter the Schedule E (Partnership and S Corporation) income or loss (if any) from your federal income tax form 1040 for tax year 2019.

Business Income or Loss  Wage Type

**IMPORTANT:**

- You are required to submit proof of the income you reported above within 21 days from the date you file your claim, failure to do so may result in a reduction or denial of your benefits.
- To upload your tax documents select choose file button below and attach a copy of your tax records. For a list of accepted tax documents select [here](#).
- If you do not currently have an electronic copy of your tax documentation right now, you may continue. In the next 21 days you must login to your account and upload your documentation.
- The Department may request that you provide documentation that proves you were employed, self-employed, or a sole proprietor/owner, or proof that you were scheduled to begin work.
- If you do not have the proof of income now, you can upload it within the next 21 days by logging in to the application and navigating to View and Maintain upload screen on the left navigation of the home page.

### Upload Documents

Click on the button below to locate and select a file to upload from your computer.

**10**  No file chosen

File cannot be larger than 20 MB. The following file types are acceptable: bmp, gif, png, jpg, jpeg, tif, tiff, pdf

If you have a paper copy of your tax documentation, you can use your phone to take a picture and upload here. Please make sure the picture is clear and the document can be read.

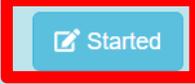
**11**

If you filed a 2019 tax return, you will be prompted to provide your income information from 2019.

7. Enter Total Wages.
8. Enter Wage Type.
9. Enter the total number of weeks you worked in each quarter of 2019.
10. Upload your 2019 tax form as submitted to the IRS.
11. Click **Next**.



# Pandemic Claim Information

|   |  |   |
|---|--|---|
|    | <b>Initial Questions</b><br>Initial Information<br>Basic Benefit Information   |    |
|    | <b>General Information</b><br>Contact, Personal and Work Information<br>Tax Withholding Information<br>Payment Options |    |
|   | <b>Pandemic Claim Information</b><br>Pandemic Initial Information<br>Employment and Income information                 |   |
|  | <b>Review and Submit</b><br>Update Information<br>Submit Claim   |  |

You have completed the Pandemic Claim Information.  
Click **Started** to review and submit your claim.



# Pandemic Claim Information

**Review and Submit**

Application Not Yet Complete

**Instructions**

Your application is not yet complete! To complete your application, you must do the following:

- Review your entries before submitting this claim by selecting the links below to navigate to the appropriate section.
- If you need to change your entries, select the 'Modify' button to go back to the appropriate section of the claim.
- Re-enter your social security number to verify your identity.
- Select **Submit the Unemployment Benefits Claim** button, and wait for a confirmation page.

**Review and Edit Contents**

To review each section of your claim select on the section header links below

- Initial Questions** Review
- General Information** Review
- Pandemic Claim Information** Review

**Eligibility Benefit Rights Information**

[Click here to review Eligibility Rights Information](#)  I have read the Eligibility Benefits Rights Information

**Identity Verification**

I have answered all questions fully and truthfully. I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements.

By clicking Submit, I acknowledge that, under penalty of perjury, all information provided is as complete and accurate to the best of my ability.

Enter Your Social Security Number: \*

Note: Upon submission of your claim, you will receive an email to confirm your email address so that ODJFS can continue to send you electronic correspondence.

**Submit the Unemployment Benefit Application**

12. If you wish to review any section of the form again, select **Review**.
13. Click the hyperlink to review Eligibility Rights Information.
14. Check the box indicating that you have read the Eligibility Rights Information.
15. Check the attestation box.
16. Enter your Social Security number.
17. Click **Submit the Unemployment Benefit Application**.

# Confirmation Page

## Confirmation

Thank you for successfully submitting your initial claim for unemployment benefits (Ohio Pandemic Unemployment Assistance Benefit Claim Confirmation). We have received your claim as of 5/8/2020 6:18:44 PM. Your claim's confirmation number is IC-8Y2045731259117796.

To assist us in processing your account information and determining your eligibility for benefits payments, please review the information below.

If you have access to a printer, select the "Print Confirmation" link for a printer friendly version of this page. Keep the printed copy for your reference.

### Confirm



**Claim Submitted**

**Confirmation # IC-8Y2045731259117796.**

Received on  
5/8/2020 6:18:44 PM

[Print Confirmation](#)

Maintaining Your Eligibility

Confirmation indicates that you have submitted your claim!

