

**IMPORTANT: Please answer ALL questions completely. Failure to do so may result in delays or denial of benefits.**

- Apply using the name currently on file with the Social Security Administration
- To complete your initial claim, you must add your signature and the date of signing. Once complete, return this form to your employer as soon as possible.
- Due to federal reporting requirements and system limitations, only male and female options are currently available. However, there will be no delay in processing your claim if the gender selection does not match what is on file with the Social Security Administration.

|  |  |   |              |   |   |
|--|--|---|--------------|---|---|
| <b>Social Security Number</b>  |  | <b>Are you a US Citizen?</b> Yes No                           |              | <b>Work Authorization # or I-94#</b>                |   |
|  |  | If no, please provide your work authorization number or I-94# |              |   |   |
| <b>Last Name:</b>  |  | <b>First Name:</b>  |              | <b>MI:</b>  | <b>Email Address:</b>                   |
| <b>Applicant's Mailing Address: (Street or P.O. Box)</b>                   |  | <b>City:</b>  | <b>State</b> | <b>Zip Code:</b>                                    | <b>Personal Phone:</b>                  |
| <b>Are you of Hispanic or Latin Ethnicity?</b> Yes No                      |  |   |              |   | <b>Date of Birth: mm/dd/yyyy</b><br>/ / |
| <b>Which category describes you? Select all that apply.</b>                |  |   |              |   | <b>Gender:</b>                          |
| Native American or Alaska Native   |  | Hawaiian Native or Other Pacific Islander                     |              | Male  |   |
| Black or African American  |  | Asian   |              | Female  |   |
| White  |  | Other race, ethnicity, or origin.                             |              | Pronouns (Optional):                                |   |
| <b>Do you require information in a language other than English?</b> Yes No |  |   |              |   |   |
| If yes, what is your primary language? _____                               |  |   |              |   |   |
| <b>Work Share Employer:</b>  |  | <b>Employer Phone:</b>  |              | <b>Employee Start Date:</b>                         |   |
|  |  |   |              | Full Time: <b>Rate of Pay:</b><br>Part Time: \$ /hr |   |
| <b>Employer Address: (Street or P.O. Box)</b>                              |  | <b>City:</b>  | <b>State</b> | <b>Zip Code:</b>                                    | <b>Job Title:</b>                       |

**Please answer every question to avoid processing delays**

A: In the last 18 months, did you work for an agency of the federal government? Yes No  
If yes, dates employed: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

B: In the last 18 months, have you served in the armed forces? Yes No  
If yes, dates of service: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

C: In the last 18 months, did you work for an employer in another state? Yes No  
If yes, please list the state(s): \_\_\_ Be sure to list employer(s) on second page!

D: In the last 18 months, did you claim benefits in any other state? Yes No  
If yes, please list the state(s): \_\_\_

E: Are you receiving or will you receive retirement pay (not Social Security Benefits) in the next 12 months? Yes No  
If yes, please list start date: \_\_\_ / \_\_\_ / \_\_\_ Employer: \_\_\_\_\_

F: In the last 18 months, did you work as a professional athlete? Yes No

**Tax Withholdings:**  
Any unemployment insurance benefits you receive are fully taxable income if you are required to file a tax return. You may need to make estimated tax payments. For more information on estimated tax payments, contact the Internal Revenue Service. For state tax information, contact the Oregon Department of Revenue. You may choose to have 10% of your benefits withheld for federal taxes and 6% for state taxes. This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.

I authorize the state of Oregon to start withholding:

|   |     |    |
|---|-----|----|
| 10% of my federal unemployment benefits for federal income taxes. | Yes | No |
| 6% of my unemployment benefits for state income taxes.            | Yes | No |

**By initialing, I certify that I understand that it is my responsibility to know the information in both the Claimant and Work Share Handbooks.**

These handbooks can be found at [www.OregonWorkShare.org](http://www.OregonWorkShare.org)

FEW: \_\_\_\_\_  
Examiner/Date: \_\_\_\_\_  
Reviewer & Date: \_\_\_\_\_

Please list all of your employers for the past two years, **excluding your Work Share Employer**. Include temporary or employee leasing agencies, employers in and outside the USA, the federal government, and the military. To list more employers, use a separate piece of paper and attach it to this form. This information will be verified with your employer(s).

|  |                     |  |
|--|---------------------|--|
| <b>First Most Recent Employer:</b>                 | <b>Phone:</b>       | <b>Dates of Employment:</b> mm/dd/yyyy<br>____/____/____ to: ____/____/____  |
| <b>Address:</b> (Street or P.O.)<br>_____<br>_____ |                     | Check One:      Still Working              Leave of Absence<br>Lack of Work                      Quit<br>Strike/Lockout                      Fired/Suspended |
| <b>City:</b> _____                                 | <b>State:</b> _____ | <b>Zip Code:</b> _____   |
| <b>Job Title:</b> _____                            |                     | Annual Earnings (Gross): \$ _____<br><b>Rate of Pay:</b> \$ _____<br>HR      DAY      WK      MO      YR   |
| <b>Second Most Recent Employer:</b>                | <b>Phone:</b>       | <b>Dates of Employment:</b> mm/dd/yyyy<br>____/____/____ to: ____/____/____  |
| <b>Address:</b> (Street or P.O.)<br>_____<br>_____ |                     | Check One:      Still Working              Leave of Absence<br>Lack of Work                      Quit<br>Strike/Lockout                      Fired/Suspended |
| <b>City:</b> _____                                 | <b>State:</b> _____ | <b>Zip Code:</b> _____   |
| <b>Job Title:</b> _____                            |                     | Annual Earnings (Gross): \$ _____<br><b>Rate of Pay:</b> \$ _____<br>HR      DAY      WK      MO      YR   |
| <b>Third Most Recent Employer:</b>                 | <b>Phone:</b>       | <b>Dates of Employment:</b> mm/dd/yyyy<br>____/____/____ to: ____/____/____  |
| <b>Address:</b> (Street or P.O.)<br>_____<br>_____ |                     | Check One:      Still Working              Leave of Absence<br>Lack of Work                      Quit<br>Strike/Lockout                      Fired/Suspended |
| <b>City:</b> _____                                 | <b>State:</b> _____ | <b>Zip Code:</b> _____   |
| <b>Job Title:</b> _____                            |                     | Annual Earnings (Gross): \$ _____<br><b>Rate of Pay:</b> \$ _____<br>HR      DAY      WK      MO      YR   |

I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States. I understand the questions I have been asked and my answers are true to the best of my knowledge. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits. By submitting this application, I hereby request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provide for administering unemployment insurance. Following this signed Initial Claim form, I understand and authorize my employer to submit Weekly Claim Certification forms on my behalf. I understand that I am required to report outside weekly earnings to my employer while on Work Share. I understand I am also responsible for communicating with my employer and the Oregon Employment Department of any changes to my status. I understand that failure to communicate status changes can result in a delay or denial of benefits. I further understand that any overpayment or misinformation is my responsibility. I understand that I can check the status of my claim by calling the Unemployment Insurance (UI) Special Programs Center at the number listed below.

\*\* By signing this form electronically, I understand that this electronic signature has the same meaning and validity as my handwritten signature.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Oregon Employment Department • Attn: UI Special Programs Center • PO Box 14518 • Salem, Oregon • 97309

Phone: (503) 947-1800 • Fax: (503) 947-1833 • [www.oregonworkshare.org](http://www.oregonworkshare.org)

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, and alternate formats are available to individuals with disabilities and language services to individuals with limited English proficiency free of cost upon request. TTY/TDD-dial 7-1-1 toll free relay service. Access free online relay service at: [www.sprintrelayonline.com](http://www.sprintrelayonline.com).

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos para personas con conocimiento limitado del inglés, a pedido y sin costo. Llame al 7-1-1 para asistencia gratuita TTY/TDD para personas con dificultades auditivas. Obtenga acceso gratis en internet por medio del siguiente sitio: [www.sprintrelayonline.com](http://www.sprintrelayonline.com).

**Disclaimer:** This form can be uploaded by your approved Work Share Employer through our submission portal at

[www.oregonworkshare.org](http://www.oregonworkshare.org)

If you have any questions, please contact the UI Special Program Center at (503) 947-1800 or (800) 436-6191

U.S. Bank ReliaCard® Pre-Acquisition Disclosure  
 Program Name: Oregon Unemployment Insurance

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.

| Monthly fee | Per purchase | ATM withdrawal   | Cash reload |
|-------------|--------------|--|-------------|
| <b>\$0</b>  | <b>\$0</b>   | <b>\$0</b> in-network<br><b>\$2.00*</b> out-of-network | <b>N/A</b>  |

---

|  |     |
|--|-----|
| ATM Balance Inquiry (in-network or out-of-network) | \$0 |
|--|-----|

---

|  |              |
|--|--------------|
| Customer Service (automated or live agent) | \$0 per call |
|--|--------------|

---

|  |                  |
|--|------------------|
| Inactivity (after 365 days with no transactions) | \$2.00 per month |
|--|------------------|

**We charge 3 other types of fees. One of them is:**

---

|   |                |
|---|----------------|
| Card Replacement (standard or expedited delivery) | \$0 or \$15.00 |
|---|----------------|

\* This fee can be lower depending on how and where this card is used. See the accompanying Fee Schedule for free ways to access your funds and balance information.

**No overdraft/credit feature.**  
 Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). Find details and conditions for all fees and services inside the card package or call **1-855-279-1270** or visit [usbankreliacard.com](http://usbankreliacard.com).

## U.S. Bank ReliaCard® Fee Schedule

Program Name: Oregon Unemployment Insurance

| All fees                                | Amount  | Details   |
|---|---------|---|
| <b>Get cash</b>                         |         |   |
| ATM Withdrawal (in-network)             | \$0     | This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <a href="https://usbank.com/locations">usbank.com/locations</a> or <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> .   |
| ATM Withdrawal (out-of-network)         | \$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. "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 even if you do not complete a transaction.   |
| Teller Cash Withdrawal                  | \$0     | This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.  |
| <b>Information</b>                      |         |   |
| ATM Balance Inquiry (in-network)        | \$0     | This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at <a href="https://usbank.com/locations">usbank.com/locations</a> or <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> .   |
| 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               | 3%      | 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 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.   |
| <b>Other</b>                            |         |   |
| Card Replacement                        | \$0     | This is our fee per card replacement of 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](https://fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-279-1270**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankreliacard.com](https://usbankreliacard.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://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](https://cfpb.gov/complaint).

CR-26908157