

**Filing an
Initial Claim
for
Pandemic Unemployment
Assistance**

Pandemic Unemployment Assistance

Pandemic Unemployment Assistance (PUA) is a program under the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020.

PUA provides unemployment assistance to workers who are **not eligible for regular Unemployment Insurance** (UI) compensation.

Eligible workers include:

- Self-employed, 1099 contract workers, and gig workers
- Employees whose wages are not reported for unemployment insurance
- Employees who have not earned enough wages or worked enough hours for regular unemployment benefits, and
- People who were going to start work but could not.

This document will help you navigate the **initial claim application**.

If you believe you may be eligible for a **regular UI claim**, you should file a claim using the [online claim system](#).

If the Oregon Employment Department determines you are not eligible for a regular UI claim, you will be able to apply for PUA assistance.

If you know **you are not eligible for regular UI** and are seeking benefits under this new program, please submit your PUA application.

You can find the **PUA application** on our website at:

<https://govstatus.egov.com/PUA>

If you would like to request a paper application be mailed you, please call 503-947-1361. This phone number is only to request a paper application.

Pandemic Unemployment Assistance (PUA)

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Español

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Tiếng Việt

limba română

Hmong

ភាសាខ្មែរ

Mien

韓國語

العَرَبِيَّة

فارسی

Chuukese

Kajin Majöl

ግዕዝ

Af-Soomaali



Self-employed, contract, gig and other workers not eligible for regular unemployment benefits should complete the PUA application one time, and then only file weekly certifications once per week by email, mail, fax, or secure upload each week they remain out of work or have greatly reduced income due to COVID-19 closures.

The Pandemic Unemployment Assistance (PUA) program is open and accepting applications. Self-employed, contract, and gig workers not eligible for regular unemployment benefits can submit claims by mail, fax, or by secure upload (see details below).

🔗 PUA Initial Claim and Weekly Certification Secure Upload

🔗 PUA Application: English

🔗 PUA Application: Espanol

🔗 PUA Application: Tiếng Việt

🔗 PUA Application: Русский

🔗 PUA Weekly Certification: English

🔗 PUA Weekly Certification: Espanol

🔗 PUA Weekly Certification: Tiếng Việt

🔗 PUA Weekly Certification: Русский



Self-employed, contract, gig and other workers not eligible for regular unemployment benefits should complete the PUA application one time, and then only file weekly certifications once per week by email, mail, fax, or secure upload

BEFORE YOU BEGIN working on your PUA application, please **SAVE THE FORM** to your device.

You **WILL LOSE YOUR PROGRESS** if you do not first save the form.

Once the application is saved, please **open it directly in Acrobat or Acrobat Reader**, if possible. This makes it easy for you to tab through the application.

IMPORTANT: The fillable PDF form will NOT automatically save.

It is strongly recommended that you **often save** data entered into a form by using the Save button on the form, or by clicking File > Save (or Save As).

The screenshot shows the Adobe Acrobat Pro interface with the 'File' menu open. The 'Save' option is highlighted, and a red arrow points to it. The background is a PDF form titled 'PANDEMIC UNEMPLOYMENT ASSISTANCE'. The form includes sections for 'APPLICANT INFORMATION' and 'APPLICANT EMPLOYMENT'. The 'APPLICANT INFORMATION' section contains fields for Social Security Number, Date of Birth, Sex, Zip Code, and Race. The 'APPLICANT EMPLOYMENT' section is partially visible at the bottom.

File Edit View Window Help

Open... Ctrl+O

Create

Save Ctrl+S

Save As... Shift+Ctrl+S

Save As Other...

Send File...

Revert

Close Ctrl+W

Properties... Ctrl+D

Print... Ctrl+P

1 H:\UI OPS\...\PUA Application - English.pdf

2 H:\UI OPS\...\PUA Weekly Request - Farsi.pdf

3 H:\...\PUA Weekly Request - Chuukese.pdf

4 H:\...\OED Style Guide -...d Fonts (0719).pdf

5 H:\...\PUA Weekly Request - English.pdf

Exit Ctrl+Q

PANDEMIC UNEMPLOYMENT ASSISTANCE

... Assistance (PUA). Instructions for completing and submitting the application can be found at [/ui-benefits/CARES](#).

... complete the form will cause delays in processing your application.

... Security Administration. Submit only one application as multiple applications will delay processing.

... only Male and Female options are currently available. However, there will be no options that do not match what is on file with the Social Security Administration.

A. APPLICANT INFORMATION

... on file with the Social Security Administration)	Date of Birth (Mo., Day, Yr.)
Social Security Number	Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
Zip Code	Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
... Number	Race: (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other

Preferred Method of Contact Phone Email

We verify all Social Security Numbers through a computer match with the Social Security Administration. Your Pandemic Unemployment Assistance application and payments will take longer to process if this match is not successful.

The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming unemployment compensation. Your Social Security Number will be used to report your unemployment benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. The number will be sent to the Social Security Administration for identity verification. The number may be used for state agency debt collection activities and may be sent to U.S. Bank to issue you a ReliaCard VISA card through which you will be paid benefits.

B. APPLICANT EMPLOYMENT

Applicant Information

Please provide your personal information, including your Social Security Number.

Your information is needed to verify your identity and establish a PUA claim.

For name and sex: Please use the name that is currently on file with the Social Security Administration.

Due to federal reporting requirements and system limitations, only Male and Female options are currently available.

There will not be a delay in processing your claim if the gender selection does not match what is on file with the Social Security Administration.

INITIAL APPLICATION FOR PANDEMIC UNEMPLOYMENT ASSISTANCE

This is your initial application for Pandemic Unemployment Assistance (PUA). Instructions for completing and submitting the application can be found on our CARES Act page (<https://govstatus.egov.com/ui-benefits/CARES>).

Please make sure you complete the entire form. Failure to complete the form will cause delays in processing your application.

Apply using the name currently on file with the Social Security Administration. Submit only one application as multiple applications will delay processing.

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 election does not match what is on file with the Social Security Administration.

A. APPLICANT INFORMATION

Applicant's Name (Last, First, Middle) (Please use name on file with the Social Security Administration)			Date of Birth (Mo., Day, Yr.)	
Applicant's Mailing Address: (Street or P.O.)		Social Security Number	Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	Zip Code	Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Email Address		Phone Number	Race: (Check all that apply)	
Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Email		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		
		<input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White		
			<input type="checkbox"/> Black or African American <input type="checkbox"/> Other	

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B. APPLICANT EMPLOYMENT

In order to complete the amount of my weekly entitlement to pandemic unemployment assistance, I CERTIFY that I had the following employment and/or self-employment during the last 18 months.

Name of Employer (or Self Employment)	Employer Address	Phone Number	Period Employed	
			From	To

Applicant Employment

It is important that you **provide all of your employment history**, including any self-employment you have done **during the last 18 months**.

This information will be used to verify your employment along with any proof of earnings you provide in order **to be considered for a higher weekly benefit amount**.

A. APPLICANT INFORMATION				
Applicant's Name (Last, First, Middle) (Please use name on file with the Social Security Administration)			Date of Birth (Mo., Day, Yr.)	
Applicant's Mailing Address: (Street or P.O.)		Social Security Number	Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	Zip Code	Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Email Address		Phone Number	Race: (Check all that apply)	
Preferred Method of Contact		<input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other	
<p>We verify all Social Security Numbers through a computer match with the Social Security Administration. Your Pandemic Unemployment Assistance application and payments will take longer to process if this match is not successful.</p> <p>The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming unemployment compensation. Your Social Security Number will be used to report your unemployment benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. The number will be sent to the Social Security Administration for identity verification. The number may be used for state agency debt collection activities and may be sent to U.S. Bank to issue you a ReliaCard VISA card through which you will be paid benefits.</p>				
B. APPLICANT EMPLOYMENT				
In order to complete the amount of my weekly entitlement to pandemic unemployment assistance, I CERTIFY that I had the following employment and/or self-employment during the last 18 months.				
Name of Employer (or Self Employment)	Employer Address	Phone Number	Period Employed	
			From	To
C. ELIGIBILITY QUESTIONS				

Eligibility Questions

Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your job because doing so would require the violation of the Stay Home. Save Lives. order, or the employer has closed the place of employment.

Answer **YES** if you do not have a job because the employer postponed the job offer as a direct result of the COVID-19 public health emergency.

Answer **YES** if you do not have a job because the employer rescinded the job offer as a direct result of the COVID-19 public health emergency.

If you answer **YES**, please provide:

- The date you were told your new job would begin
- The date your new job closed
- The name of the business

Apply using the name currently on file with the Social Security Administration. Submit only one application as multiple applications will delay processing.

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 election does not match what is on file with the Social Security Administration.

A. APPLICANT INFORMATION				
Applicant's Name (Last, First, Middle) (Please use name on file with the Social Security Administration)			Date of Birth (Mo., Day, Yr.)	
Applicant's Mailing Address: (Street or P.O.)		Social Security Number	Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	Zip Code	Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Email Address		Phone Number	Race: (Check all that apply)	
Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Email		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		

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B. APPLICANT EMPLOYMENT				
In order to complete the amount of my weekly entitlement to pandemic unemployment assistance, I CERTIFY that I had the following employment and/or self-employment during the last 18 months.				
Name of Employer (or Self Employment)	Employer Address	Phone Number	Period Employed	
			From	To

C. ELIGIBILITY QUESTIONS	
1. Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date were you expected to start work? _____	
If "YES", what date did your new job close? _____	
If "YES", what is the name of the business? _____	

Did you apply for, receive, or would you be eligible to receive if you had ever applied for:

(1) Answer **YES** if you worked in another state, and would be eligible for unemployment benefits if you filed there.

(2) Answer **YES** if you would be eligible to receive workers compensation or disability pay.

(3) Answer **YES** if you would be eligible to receive any insurance benefit from being unable to work for a period of time because of illness or injury.

(4) Answer **YES** if you were paid benefits in accordance with a collective bargaining agreement, such as extended layoff benefits or furlough benefits. These are payments that are not wages, but provided as part of a supplemental unemployment benefit.

Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?

Answer **YES** if you are receiving or applied for and expect to receive retirement pay within the next 12 months.

If you answer **YES**, please provide the name of the employer that maintained or contributed money to this retirement plan.

2. Did you apply for, receive, or would you be eligible to receive if you had ever applied for:	
(1) Unemployment compensation under any State or Federal law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) Any amounts for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(3) Any type of private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(4) Any amount as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____	
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____	
5. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date was the household member diagnosed? _____	
6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date was the family member or member of your household diagnosed? _____	
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is the name of the facility that closed? _____	
If "YES", what date did the facility close? _____	
8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become the provider for a household? _____	
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did your place of employment close? _____	
If "YES", what is the name of the business? _____	
10. Have you quit a job as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you quit? _____	
If "YES", what is the name of the business? _____	
If "YES", did you quit as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become unable to reach your place of employment? _____	
If "YES", were you unable to reach your place of employment as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become unable to reach your place of employment? _____	
If "YES", were you unable to reach your place of employment as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Do you have the ability to continue to receive payment from your employer while working from home?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?

Answer **YES** you have been diagnosed with COVID-19 by a qualified medical professional.

Answer **YES** if you are experiencing symptoms of COVID-19 and you are seeking a medical diagnosis.

Answer **NO** if you are not experiencing symptoms or if you are experiencing symptoms, but you are not seeking a medical diagnosis.

If you answer **YES**, please provide the date you received the diagnosis or when your symptoms began.

Has a member of your household been diagnosed with COVID-19?

Answer **YES** if a member of your household has been diagnosed as having COVID-19 by a qualified medical professional.

Answer **YES** if a member of your household has tested positive for COVID-19 and you are unable to work as a result.

Answer **NO** if a member of your household is experiencing symptoms but has not yet been diagnosed with COVID-19.

If you answer **YES**, please provide the date the person was diagnosed with COVID-19.

2. Did you apply for, receive, or would you be eligible to receive if you had ever applied for:	
(1) Unemployment compensation under any State or Federal law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) Any amounts for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(3) Any type of private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(4) Any amount as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____	
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____	
5. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date was the household member diagnosed? _____	
6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date was the family member or member of your household diagnosed? _____	
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is the name of the facility that closed? _____	
If "YES", what date did the facility close? _____	
8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become the provider for a household? _____	
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did your place of employment close? _____	
If "YES", what is the name of the business? _____	
10. Have you quit a job as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you quit? _____	
If "YES", what is the name of the business? _____	
If "YES", did you quit as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become unable to reach your place of employment? _____	
If "YES", were you unable to reach your place of employment as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become unable to reach your place of employment? _____	
If "YES", were you unable to reach your place of employment as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Do you have the ability to continue to receive payment from your employer while working from home?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?

Answer **YES** if the care requires such ongoing and constant attention that your ability to perform other work functions is severely limited.

Answer **NO** if you are assisting a family member who is able to adequately care for themselves.

If you answer **YES**, please provide the date the person was diagnosed with COVID-19.

Is there a child or other person in the household, for whom you have the primary caregiving responsibility, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for you to work?

Answer **YES** if you are required to remain at home to provide care for the child or other person in the household.

Answer **YES** if your job allows for telework, but the amount care requires such ongoing and constant attention that it is not possible for you to perform work at home.

Answer **NO** if the child or other person is able to adequately care for themselves.

If you answer **YES**, please provide the facility name and the date it was closed.

2. Did you apply for, receive, or would you be eligible to receive if you had ever applied for:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(1) Unemployment compensation under any State or Federal law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) Any amounts for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(3) Any type of private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(4) Any amount as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____	
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____	
5. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date was the household member diagnosed? _____	
6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date was the family member or member of your household diagnosed? _____	
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is the name of the facility that closed? _____	
If "YES", what date did the facility close? _____	
8. Have you become the breadwinner or provider or major support for a household because the head of the household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become the provider for a household? _____	
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did your place of employment close? _____	
If "YES", what is the name of the business? _____	
10. Have you quit a job as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you quit? _____	
If "YES", what is the name of the business? _____	
If "YES", did you quit as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become unable to reach your place of employment? _____	
If "YES", were you unable to reach your place of employment as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what date did you become unable to reach your place of employment? _____	
If "YES", were you unable to reach your place of employment as a direct result of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Do you have the ability to continue to receive payment from your employer while working from home?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?

Answer **YES** if the head of household previously contributed the majority of financial support, has died as a direct result of COVID-19, and you are now the person in the household expected to provide financial support.

If you answer **YES**, please provide the date you became the primary provider for your household.

Has your place of employment closed as a direct result of the COVID-19 public health emergency?

Answer **YES** if your employer shut down due to an emergency declaration or due to necessary social distancing protocols.

If you answer **YES**, please provide your employer name and the date they closed.

2. Did you apply for, receive, or would you be eligible to receive if you had ever applied for:		
(1) Unemployment compensation under any State or Federal law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2) Any amounts for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3) Any type of private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4) Any amount as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____		
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____		
5. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date was the household member diagnosed? _____		
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If "YES", what date was the family member or member of your household diagnosed? _____		
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what is the name of the facility that closed? _____		
If "YES", what date did the facility close? _____		
8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become the provider for a household? _____		
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did your place of employment close? _____		
If "YES", what is the name of the business? _____		
10. Have you quit a job as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you quit? _____		
If "YES", what is the name of the business? _____		
If "YES", did you quit as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become unable to reach your place of employment? _____		
If "YES", were you unable to reach your place of employment as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become unable to reach your place of employment? _____		
If "YES", were you unable to reach your place of employment as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do you have the ability to continue to receive payment from your employer while working from home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you quit a job as a direct result of COVID-19?

Answer **YES** if you have been diagnosed with COVID-19 by a qualified medical professional or were experiencing symptoms and seeking a diagnosis, but your employer was unable to accommodate your situation by allowing you to work from home or take time off and you had to leave work.

Answer **YES** if you had to care for another individual either because they were ill or because their normal care facility was closed (such as daycare/school or eldercare), and you had to quit work because your employer could not accommodate your situation by allowing you to work from home or take time off.

If you answer **YES**, please provide:

- The date you quit
- The employers name
- The reason you left

2. Did you apply for, receive, or would you be eligible to receive if you had ever applied for:		
(1) Unemployment compensation under any State or Federal law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2) Any amounts for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3) Any type of private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4) Any amount as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____		
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____		
5. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date was the household member diagnosed? _____		
6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date was the family member or member of your household diagnosed? _____		
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what is the name of the facility that closed? _____		
If "YES", what date did the facility close? _____		
8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become the provider for a household? _____		
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did your place of employment close? _____		
If "YES", what is the name of the business? _____		
10. Have you quit a job as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you quit? _____		
If "YES", what is the name of the business? _____		
If "YES", did you quit as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become unable to reach your place of employment? _____		
If "YES", were you unable to reach your place of employment as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become unable to reach your place of employment? _____		
If "YES", were you unable to reach your place of employment as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do you have the ability to continue to receive payment from your employer while working from home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?

Answer **YES** if you have been advised by a qualified medical professional that you may be infected with the coronavirus and that you should self-quarantine.

Answer **YES** if you had direct contact with another person who has tested positive for the coronavirus or been diagnosed with COVID-19 by a qualified medical professional, and have been advised by a health care provider to self-quarantine to prevent further possible spread of the virus. Such circumstances would render you unable to reach your place of employment.

Answer **YES** if your immune system is compromised because of a serious health condition and you have been advised by a health care provider to self-quarantine in order to avoid the greater-than-average health risks that you might face if you were to become infected by the coronavirus.

If you answer **YES**, please provide the reason and date this began.

2. Did you apply for, receive, or would you be eligible to receive if you had ever applied for:		
(1) Unemployment compensation under any State or Federal law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2) Any amounts for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3) Any type of private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4) Any amount as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____		
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____		
5. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date was the household member diagnosed? _____		
6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date was the family member or member of your household diagnosed? _____		
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what is the name of the facility that closed? _____		
If "YES", what date did the facility close? _____		
8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become the provider for a household? _____		
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did your place of employment close? _____		
If "YES", what is the name of the business? _____		
10. Have you quit a job as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you quit? _____		
If "YES", what is the name of the business? _____		
If "YES", did you quit as a direct result of COVID-19? _____		
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become unable to reach your place of employment? _____		
If "YES", were you unable to reach your place of employment as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", what date did you become unable to reach your place of employment? _____		
If "YES", were you unable to reach your place of employment as a direct result of COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do you have the ability to continue to receive payment from your employer while working from home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your place of employment because doing so would require the violation of the Stay Home. Save Lives. order.

If you answer **YES**, please provide the date you became unable to reach your employer and whether it was a result of COVID-19.

Do you have the ability to continue to receive payment from your employer while working from home?

Answer **YES** if you have been offered the option of continuing to work for pay by teleworking and have refused such offer.

Answer **YES** if you have been offered the option of continuing to work for pay by teleworking and have accepted the offer, but you are working less than what you were performing prior.

If you answer **YES**, please answer if you were unable to accept telework as a result of COVID-19.

3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months? If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis? If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has a member of your household been diagnosed with COVID-19? If "YES", what date was the household member diagnosed? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19? If "YES", what date was the family member or member of your household diagnosed? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work? If "YES", what is the name of the facility that closed? _____ If "YES", what date did the facility close? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19? If "YES", what date did you become the provider for a household? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency? If "YES", what date did your place of employment close? _____ If "YES", what is the name of the business? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you quit a job as a direct result of COVID-19? If "YES", what date did you quit? _____ If "YES", what is the name of the business? _____ If "YES", did you quit as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19? If "YES", what date did you become unable to reach your place of employment? _____ If "YES", were you unable to reach your place of employment as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency? If "YES", what date did you become unable to reach your place of employment? _____ If "YES", were you unable to reach your place of employment as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do you have the ability to continue to receive payment from your employer while working from home? If "YES", were you unable to accept telework from your employer because of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are you receiving paid sick leave or other paid leave benefits? If "YES", what date did you begin receiving paid sick leave or paid leave benefits? _____ If "YES", who are you receiving this payment from? _____ If "YES", what date will your payments end (if known)? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you receiving paid sick leave or other paid leave benefits?

Answer **YES** if you are receiving any paid leave benefits for your customary work hours. This includes sick leave, vacation, and any other paid leave.

If you answer **YES**, please provide:

- The date you began to receive paid sick leave or paid leave benefits
- Who you are receiving payment from
- What date the benefits will be paid through (if known)

3. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months? If "YES", what is the name of the employer that maintained or contributed to this retirement plan? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis? If "YES", what date were diagnosed or when did you begin experiencing symptoms? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has a member of your household been diagnosed with COVID-19? If "YES", what date was the household member diagnosed? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19? If "YES", what date was the family member or member of your household diagnosed? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, who is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency, and such school or facility care is required for you to work? If "YES", what is the name of the facility that closed? _____ If "YES", what date did the facility close? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19? If "YES", what date did you become the provider for a household? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Has your place of employment closed as a direct result of the COVID-19 public health emergency? If "YES", what date did your place of employment close? _____ If "YES", what is the name of the business? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you quit a job as a direct result of COVID-19? If "YES", what date did you quit? _____ If "YES", what is the name of the business? _____ If "YES", did you quit as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19? If "YES", what date did you become unable to reach your place of employment? _____ If "YES", were you unable to reach your place of employment as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency? If "YES", what date did you become unable to reach your place of employment? _____ If "YES", were you unable to reach your place of employment as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do you have the ability to continue to receive payment from your employer while working from home? If "YES", were you unable to accept telework from your employer because of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are you receiving paid sick leave or other paid leave benefits? If "YES", what date did you begin receiving paid sick leave or paid leave benefits? _____ If "YES", who are you receiving this payment from? _____ If "YES", what date will your payments end (if known)? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you currently self-employed?

Answer **YES** if you have performed any self-employment within the most recently completed tax year.

If you answer **YES**, you must also complete the next section for Self-Employment.

15. Are you currently self-employed? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If "YES", you MUST answer the questions in section D.					
D. SELF-EMPLOYMENT INFORMATION					
16. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain.					
17. What services did you perform?					
18. Do you have a business name? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", what is your business name? _____					
19. Do you file a business return? (Ex: Schedule C, 1120 or a 1065) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please list what returns you file: <input type="checkbox"/> Form 1040 or 1040-SR Schedule C, Profit or Loss From Business <input type="checkbox"/> Form 1120, U.S. Corporation Income Tax Return <input type="checkbox"/> Form 1040 or 1040-SR Schedule F, Profit or Loss From Farming <input type="checkbox"/> Form 1120-S, U.S. Income Tax Return for an S Corporation <input type="checkbox"/> Form 1065, US. Return of Partnership Income Other: _____					
20. Do you determine how the work is to be performed? <input type="checkbox"/> YES <input type="checkbox"/> NO					
21. Do you have the right to hire someone to help you perform your services? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", can you discharge them? <input type="checkbox"/> YES <input type="checkbox"/> NO					
22. Do you determine where the work is going to be performed? <input type="checkbox"/> YES <input type="checkbox"/> NO					
23. Do you determine your rate of compensation? <input type="checkbox"/> YES <input type="checkbox"/> NO					
24. Do you have an investment in tools, equipment, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how much? _____					
25. Can the company you provide services to terminate you? <input type="checkbox"/> YES <input type="checkbox"/> NO					
26. Do you have more than one client? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how many clients do you have? _____					
E. AUTHORIZATION FOR TAX WITHHOLDING					
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/or 6% for state taxes.					
Do you choose to have 10% of your unemployment benefits withheld for federal income taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you choose to have 6% of your unemployment benefits withheld for state income taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO					
This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.					
F. RETROACTIVE FILING					
List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.					
	Hours	Gross		Hours	Gross

Self-Employment Information

Complete this section only if you have performed self-employment within the most recently completed tax year.

If you have not performed self-employment, please skip this section and complete Section E.

We understand these questions do not apply to all self-employment situations.

However, these questions are required for all individuals who indicate they have been self-employed. Please do your best to respond to the questions in this section.

15. Are you currently self-employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", you MUST answer the questions in section D.	
D. SELF-EMPLOYMENT INFORMATION	
16. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? If "NO", explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. What services did you perform?	
18. Do you have a business name?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what is your business name? _____	
19. Do you file a business return? (Ex: Schedule C, 1120 or a 1065)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please list what returns you file:	
<input type="checkbox"/> Form 1040 or 1040-SR Schedule C, Profit or Loss From Business	<input type="checkbox"/> Form 1120, U.S. Corporation Income Tax Return
<input type="checkbox"/> Form 1040 or 1040-SR Schedule F, Profit or Loss From Farming	<input type="checkbox"/> Form 1120-S, U.S. Income Tax Return for an S Corporation
<input type="checkbox"/> Form 1065, US. Return of Partnership Income	Other: _____
20. Do you determine how the work is to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Do you have the right to hire someone to help you perform your services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", can you discharge them? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Do you determine where the work is going to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Do you determine your rate of compensation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Do you have an investment in tools, equipment, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", how much? _____	
25. Can the company you provide services to terminate you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Do you have more than one client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", how many clients do you have? _____	
E. AUTHORIZATION FOR TAX WITHHOLDING	
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	

At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood?

Answer **YES** if at the time of the pandemic at least 50 percent of your income came from self-employment.

If you answer **NO**, please explain what your primary occupation, and primary means of livelihood was if it was not self-employment.

What services did you perform?

Please describe the type of services you perform for your business in the space below.

Do you have a business name?

If you answer **YES**, please provide the name of your business.

Do you file a business return? (Ex: Schedule C, 1120 or a 1065)

Some business returns are a part of your personal income tax return.

Answer **YES** even if you are filing your business income with your personal return.

If you answer **YES**, please provide the type of business returns that you file.

15. Are you currently self-employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", you MUST answer the questions in section D.					
D. SELF-EMPLOYMENT INFORMATION					
16. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? If "NO", explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO				
17. What services did you perform?					
18. Do you have a business name?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", what is your business name? _____					
19. Do you file a business return? (Ex: Schedule C, 1120 or a 1065)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", please list what returns you file:					
<input type="checkbox"/> Form 1040 or 1040-SR Schedule C, Profit or Loss From Business	<input type="checkbox"/> Form 1120, U.S. Corporation Income Tax Return				
<input type="checkbox"/> Form 1040 or 1040-SR Schedule F, Profit or Loss From Farming	<input type="checkbox"/> Form 1120-S, U.S. Income Tax Return for an S Corporation				
<input type="checkbox"/> Form 1065, US. Return of Partnership Income	Other: _____				
20. Do you determine how the work is to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
21. Do you have the right to hire someone to help you perform your services? If "YES", can you discharge them?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO				
22. Do you determine where the work is going to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
23. Do you determine your rate of compensation?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
24. Do you have an investment in tools, equipment, etc.? If "YES", how much? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				
25. Can the company you provide services to terminate you?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
26. Do you have more than one client? If "YES", how many clients do you have? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. AUTHORIZATION FOR TAX WITHHOLDING					
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/or 6% for state taxes.					
Do you choose to have 10% of your unemployment benefits withheld for federal income taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you choose to have 6% of your unemployment benefits withheld for state income taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.					
F. RETROACTIVE FILING					
List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.					
	Hours	Gross		Hours	Gross

Do you determine how the work is to be performed?

Answer **YES** if you decide how you perform your work.

Answer **NO** if the company you provide services for determines how you perform your work.

Do you have the right to hire someone to help you perform your services?

Answer **YES** if you can hire employees for your business.

Answer **NO** if the company you provide services for does the staff hiring or strictly prohibits you from hiring others to assist you.

If "YES", can you discharge them?

Answer **YES** if you also have the ability to fire your employees.

Answer **NO** if the company you provide services for is the one who fires employees.

Do you determine where the work is going to be performed?

Answer **YES** if you determine where your work will be performed.

Answer **NO** if the company you provide services for determines where you will perform the work.

15. Are you currently self-employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", you MUST answer the questions in section D.					
D. SELF-EMPLOYMENT INFORMATION					
16. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? If "NO", explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO				
17. What services did you perform?					
18. Do you have a business name?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", what is your business name? _____					
19. Do you file a business return? (Ex: Schedule C, 1120 or a 1065)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", please list what returns you file:					
<input type="checkbox"/> Form 1040 or 1040-SR Schedule C, Profit or Loss From Business	<input type="checkbox"/> Form 1120, U.S. Corporation Income Tax Return				
<input type="checkbox"/> Form 1040 or 1040-SR Schedule F, Profit or Loss From Farming	<input type="checkbox"/> Form 1120-S, U.S. Income Tax Return for an S Corporation				
<input type="checkbox"/> Form 1065, U.S. Return of Partnership Income	<input type="checkbox"/> Other _____				
20. Do you determine how the work is to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
21. Do you have the right to hire someone to help you perform your services? If "YES", can you discharge them?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO				
22. Do you determine where the work is going to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
23. Do you determine your rate of compensation?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
24. Do you have an investment in tools, equipment, etc.? If "YES", how much? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				
25. Can the company you provide services to terminate you?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
26. Do you have more than one client? If "YES", how many clients do you have? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. AUTHORIZATION FOR TAX WITHHOLDING					
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/or 6% for state taxes.					
Do you choose to have 10% of your unemployment benefits withheld for federal income taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you choose to have 6% of your unemployment benefits withheld for state income taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.					
F. RETROACTIVE FILING					
List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.					
	Hours	Gross		Hours	Gross

Do you determine your rate of compensation?

Answer **YES** if you determine your rate of pay.

Answer **NO** if the company you provide services for determines your rate.

Do you have an investment in tools, equipment, etc.?

Answer **YES** if you have invested in tools, equipment, or anything else towards your business.

Answer **NO** if the company you provide services for provides the tools and equipment.

If you answer **YES**, please provide how much you have invested in these items.

Can the company you provide services to terminate you?

Answer **YES** if the company or client(s) you provide services to can terminate your employment at any time.

Do you have more than one client?

Answer **YES** if you have more than one client and provide how many clients you have.

15. Are you currently self-employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", you MUST answer the questions in section D.					
D. SELF-EMPLOYMENT INFORMATION					
16. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? If "NO", explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO				
17. What services did you perform?					
18. Do you have a business name?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", what is your business name? _____					
19. Do you file a business return? (Ex: Schedule C, 1120 or a 1065)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", please list what returns you file:					
<input type="checkbox"/> Form 1040 or 1040-SR Schedule C, Profit or Loss From Business	<input type="checkbox"/> Form 1120, U.S. Corporation Income Tax Return				
<input type="checkbox"/> Form 1040 or 1040-SR Schedule F, Profit or Loss From Farming	<input type="checkbox"/> Form 1120-S, U.S. Income Tax Return for an S Corporation				
<input type="checkbox"/> Form 1065, US. Return of Partnership Income	Other: _____				
20. Do you determine how the work is to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
21. Do you have the right to hire someone to help you perform your services? If "YES", can you discharge them?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO				
22. Do you determine where the work is going to be performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
23. Do you determine your rate of compensation?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
24. Do you have an investment in tools, equipment, etc.? If "YES", how much? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				
25. Can the company you provide services to terminate you?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
26. Do you have more than one client? If "YES", how many clients do you have? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. AUTHORIZATION FOR TAX WITHHOLDING					
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/or 6% for state taxes.					
Do you choose to have 10% of your unemployment benefits withheld for federal income taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you choose to have 6% of your unemployment benefits withheld for state income taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.					
F. RETROACTIVE FILING					
List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.					
	Hours	Gross		Hours	Gross

Gross Earnings

Enter the total gross earnings before deductions.

If **you are employed as an employee**, report the amount of money you earned for hours worked during the week, including any paid leave.

For example, if you earn \$150 in gross pay each week, but you are paid at the beginning of each month, you will report \$150 on your weekly claim.

If **you are self-employed**, report any amounts earned during the week, regardless of when the services were performed.

For example, gross pay could be for payments received that week for previous work completed.

Type of Earnings

Indicate if the work performed during the week was in self-employment, other type of employment or both.

17. What services did you perform?							
18. Do you have a business name? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", what is your business name? _____							
19. Do you file a business return? (Ex: Schedule C, 1120 or a 1065) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please list what returns you file: <input type="checkbox"/> Form 1040 or 1040-SR Schedule C, Profit or Loss From Business <input type="checkbox"/> Form 1120, U.S. Corporation Income Tax Return <input type="checkbox"/> Form 1040 or 1040-SR Schedule F, Profit or Loss From Farming <input type="checkbox"/> Form 1120-S, U.S. Income Tax Return for an S Corporation <input type="checkbox"/> Form 1065, US. Return of Partnership Income Other: _____							
20. Do you determine how the work is to be performed? <input type="checkbox"/> YES <input type="checkbox"/> NO							
21. Do you have the right to hire someone to help you perform your services? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", can you discharge them? <input type="checkbox"/> YES <input type="checkbox"/> NO							
22. Do you determine where the work is going to be performed? <input type="checkbox"/> YES <input type="checkbox"/> NO							
23. Do you determine your rate of compensation? <input type="checkbox"/> YES <input type="checkbox"/> NO							
24. Do you have an investment in tools, equipment, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how much? _____							
25. Can the company you provide services to terminate you? <input type="checkbox"/> YES <input type="checkbox"/> NO							
26. Do you have more than one client? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how many clients do you have? _____							
E. AUTHORIZATION FOR TAX WITHHOLDING							
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/or 6% for state taxes. Do you choose to have 10% of your unemployment benefits withheld for federal income taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you choose to have 6% of your unemployment benefits withheld for state income taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.							
F. RETROACTIVE FILING							
List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.							
Week Ending	Hours Worked	Gross Earnings	Type of Earnings	Week Ending	Hours Worked	Gross Earnings	Type of Earnings

The first question in Section C has four sub questions.

If you answered **YES** to any of the sub questions, please provide the type of payment and period you received the payment for.

Are you able and available for work during this week based on our state requirements?

Answer **YES** if you were able and available for work based on the Oregon Employment Department’s current [temporary rules](#)

Not sure? Select the blue hyperlink above to review current rules.

Are you caring for a family member or a member of your household who has been diagnosed with COVID–19?

Answer **YES** if the care requires such ongoing and constant attention that your ability to perform other work functions is severely limited.

Answer **NO** if you are assisting a family member who is able to adequately care for themselves.

For the weeks claimed above, answer the following questions by checking the appropriate box(es) and or providing the additional information requested.

27. Did you apply for or receive:	
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?

Answer **YES** you have been diagnosed with COVID-19 by a qualified medical professional.

Answer **YES** if you are experiencing symptoms of COVID-19 and you are seeking a medical diagnosis.

Answer **NO** if you are not experiencing symptoms or if you are experiencing symptoms, but you are not seeking a medical diagnosis.

Has a member of your household been diagnosed with COVID-19?

Answer **YES** if a member of your household has been diagnosed as having COVID-19 by a qualified medical professional.

Answer **YES** if a member of your household has tested positive for COVID-19 and you are unable to work as a result.

Answer **NO** if a member of your household is experiencing symptoms but has not yet been diagnosed with COVID-19.

27. Did you apply for or receive:	
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

G. RELIACARD DISCLOSURE

Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?

Answer **YES** if you are required to remain at home to provide care for the child or other person in the household.

Answer **YES** if your job allows for telework, but the amount care requires such ongoing and constant attention that it is not possible for you to perform work at home.

Answer **NO** if the child or other person is able to adequately care for themselves.

Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?

Answer **YES** if you are required to remain at home to provide care for the child or other person in the household.

Answer **YES** if your job allows for telework, but the amount care requires such ongoing and constant attention that it is not possible for you to perform work at home.

Answer **NO** if the child or other person is able to adequately care for themselves.

27. Did you apply for or receive:	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", did you return to work?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", did you return to work?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
39. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?

Answer **YES** if the head of household previously contributed the majority of financial support, has died as a direct result of COVID-19, and you are now the person in the household expected to provide financial support.

27. Did you apply for or receive:	
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

G. RELIACARD DISCLOSURE

Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?

Answer **YES** if you have been advised by a qualified medical professional that you may be infected with the coronavirus and that you should self-quarantine.

Answer **YES** if you had direct contact with another person who has tested positive for the coronavirus or been diagnosed with COVID-19 by a qualified medical professional, and have been advised by a health care provider to self-quarantine to prevent further possible spread of the virus. Such circumstances would render you unable to reach your place of employment.

Answer **YES** if your immune system is compromised because of a serious health condition and you have been advised by a health care provider to self-quarantine in order to avoid the greater-than-average health risks that you might face if you were to become infected by the coronavirus.

Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your place of employment because doing so would require the violation of the Stay Home. Save Lives. order.

27. Did you apply for or receive:	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your job because doing so would require the violation of the Stay Home. Save Lives. order, or the employer has closed the place of employment.

Answer **YES** if you do not have a job because the employer postponed the job offer as a direct result of the COVID-19 public health emergency.

Answer **YES** if you do not have a job because the employer rescinded the job offer as a direct result of the COVID-19 public health emergency.

If "YES", has your employer called you back to work?

Answer **YES** if your employer has asked you to return to work.

If "YES", did you return to work?

Answer **YES** if you have returned to work, regardless of how many hours you are working.

27. Did you apply for or receive:	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

G. RELIACARD DISCLOSURE

Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?

Answer **YES** if your employer shut down or reduced their hours due to an emergency declaration or due to necessary social distancing protocols.

If "YES", has your employer called you back to work?

Answer **YES** if your employer has asked you to return to work.

If "YES", did you return to work?

Answer **YES** if you have returned to work, regardless of how many hours you are working.

27. Did you apply for or receive:	
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Did you quit work as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

G. RELIACARD DISCLOSURE

Did you quit work as a direct result of the COVID-19 public health emergency?

Answer **YES** if you have been diagnosed with COVID-19 by a qualified medical professional or were experiencing symptoms and seeking a diagnosis, but your employer was unable to accommodate your situation by allowing you to work from home or take time off and you had to leave work.

Answer **YES** if you had to care for another individual either because they were ill or because their normal care facility was closed (such as daycare/school or eldercare), and you had to quit work because your employer could not accommodate your situation by allowing you to work from home or take time off.

Did you refuse any work during any of the weeks claimed above?

Answer **YES** if an employer offered you work but you refused, regardless of the reason.

27. Did you apply for or receive:	
a. Any insurance payments for loss of wages due to illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
b. Any payments from private income protection insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
c. Any payments of a supplemental unemployment benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", Type of Payment: _____	
Period Covered: From _____ to _____	
28. Are you able and available for work during this week based on our state requirements ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

G. RELIACARD DISCLOSURE

Misrepresentation

Read the misrepresentation section prior to signing your name and date.

Falsifying information will result in the denial of current and future PUA benefits. You will have to pay back any benefits paid, and you may face federal criminal prosecution.

		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 withdrawal cash off your card from a teller at a bank or credit union that accepts (Visa®.
Information		
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 usbank.com/locations or moneypass.com/atm-locator .
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.
Using your card outside the U.S.		
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 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.
Other		
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 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 .		
For general information about prepaid accounts, visit 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 .		
<input type="checkbox"/> I have read the ReliaCard Information		

H. MISREPRESENTATION

I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.

I agree

Applicant Certification

Read the information and certify that the information supplied in the form is accurate to the best of your knowledge, and that you are a citizen, national or are in a satisfactory immigration status. You must enter your Alien registration number if applicable.

Your signature is required along with the date you are signing the document.

If you are using secure upload, your typed name will be accepted as a signature.

I. APPLICANT CERTIFICATION

I certify that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain Pandemic Unemployment Assistance. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT. The information gathered by the Employment Department may be used by other state and federal agencies for verification of eligibility for other programs. Therefore, I AUTHORIZE the Employment Department to release TO ANY SOURCE the information for purposes authorized under Employment Department law. Furthermore, I attest under penalty of perjury that:

I am a citizen or national of the United States

YES NO

If NO, are you in satisfactory immigration status?

YES NO Alien Reg # _____

Signature _____

Date (Month, Day, Year) _____

If you are found to be eligible for PUA we will establish a minimum claim of \$205. If you wish to have us evaluate your claim for an increased weekly benefit amount, you must provide proof of income for tax year 2019. In order to have the possibility of a higher claim amount you must have earnings in excess of \$16,480 for the year 2019. You can utilize the [form 196PUA](#) to identify how much you may be eligible to receive.

Please submit your completed application to:

Secure Upload: at <https://secure.emd.state.or.us/ocs4/>.

Mail: Oregon Employment Department PO Box 14165 Salem, OR 97311

Fax: (503) 371-2893

Questions: OED_PUA_INFO@oregon.gov

Disclaimer: Information you send via email may not be secure.

The Oregon Employment Department is an equal opportunity program/employer. The following services are available free of cost upon request: Auxiliary aids or services and alternate formats to individuals with disabilities and language assistance to individuals with limited English proficiency. Ask one of our staff for more information.

El Departamento de Empleo de Oregon es un programa/empleador que respeta la igualdad de oportunidades. Disponemos de los siguientes servicios a pedido y sin costo: Servicios o ayudas auxiliares, y formatos alternos para personas con discapacidades y asistencia de idiomas para personas con conocimiento limitado del inglés. Para mayor información, pregunta a nuestro personal.

After completing the initial claim application, **save a final version of the file to your device.** **Review it** to make sure all fields are complete.

The **Online Claim System** is the **preferred method** to submit your PUA application and weekly claim reports.

If you are unable to submit your PUA application through the Online Claim System, you may also submit it by fax or mail.

Mail: You can mail your PUA application and weekly claim reports to Oregon Employment Department at P.O. Box 14165, Salem, OR 97311.

Fax: We have several fax machines linked to the 503-371-2893 fax number for your PUA application and weekly claim reports.

The next few slides will show you how to use the Online Claim System to upload your PUA application.

Please visit our website at:
www.oregon.gov/employ to
submit your PUA application
through the **Online Claim
System**.

From the homepage, select
Use the Online Claim System.

OREGON.GOV

Home Job Seekers Unemployment Businesses Agency Information Modernization Paid Family and Medical Leave Insurance Forms Videos

Resources and guidance for employers, workers, and job seekers can be found on our [COVID-19 page](#).

For regular UI benefits, file your initial or weekly [UI claim online](#).

Self-employed, gig workers, or independent contractors can apply for [Pandemic Unemployment Assistance \(PUA\)](#) on our [CARES Act page](#).

State of Oregon
Employment
Department

STAY HOME. SAVE LIVES.

Job Seekers

- Find a Job
- Find Job Fairs & Events
- Veterans Services
- WorkSource Centers
- More

Unemployment

- Use the Online Claim System
- Answer UI Questions
- iMatchSkills Register/Login
- Appeals Process

Businesses

- Payroll Taxes
- Hire an Employee
- Look Up Economic Information
- Incentive Programs
- More

Career & Business Information

- Earned Income Tax Credit
- Look Up Wages & Job Info
- Local Industry Profiles
- Contact Local Economists
- More at www.QualityInfo.org

From the Online Claim System menu, please select **Pandemic Unemployment Assistance**.



Welcome to Your Online Claim System		Español
File Your New Claim	Establish a new claim for Oregon unemployment benefits. Help If you are filing due to COVID-19, please watch this training video.	
Claim a Week of Benefits	Claim a week of unemployment benefits once your claim is established. Just like claiming by phone but easier! * Please see notes below. Help If you completed your New Claim this week, please wait until Sunday to Claim a Week of Benefits. If you are out of work due to COVID-19, please read the FAQs prior to claiming a week of benefits.	
Pandemic Unemployment Assistance	Pandemic Unemployment Assistance (PUA) Intake and Weekly Claims. Help	
Status of Weekly Report	See the status of your current weekly claim report (if claimed by Internet or phone) Help Please note: This system is only updated once per day. Please wait until the next business day before checking again.	
Status of Your Claim and Weekly Reports	View your weekly payment details, claim balance and expiration date, work search records, and UI Basics Review results. Please note: This system is only updated once per day. Please wait until the next business day before checking again. IMPORTANT: The status of your claim will not be available until your claim has been processed. Help	
Restart Your Claim	Restart your Oregon claim (use if your claim is established and you are now unemployed after a period of work or if there is a gap in weekly reporting). Help	
Change Your Address	Update your address for unemployment insurance purposes. Help	

40% Progress

Login to Upload your Pandemic Unemployment Assistance Information

 Display my SSN

SSN:

|

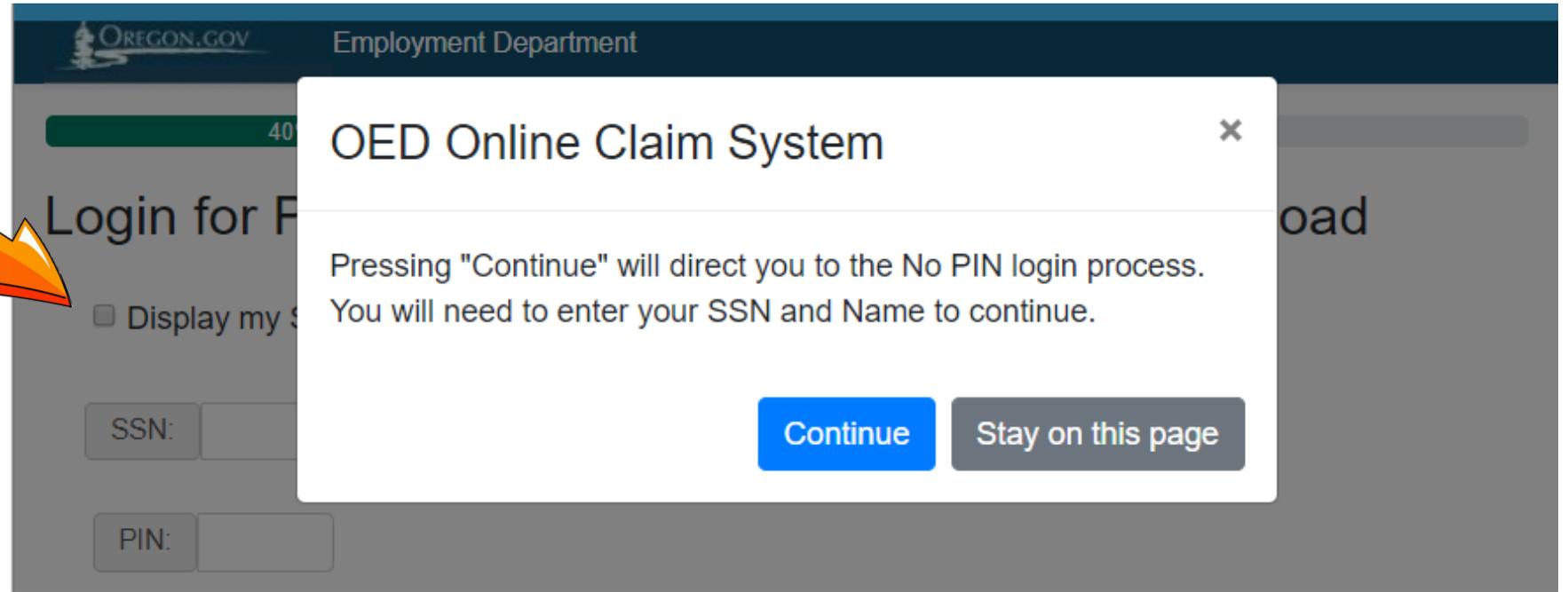
PIN:

[Continue without a PIN](#)[Continue](#)[Cancel and Return to Menu](#)

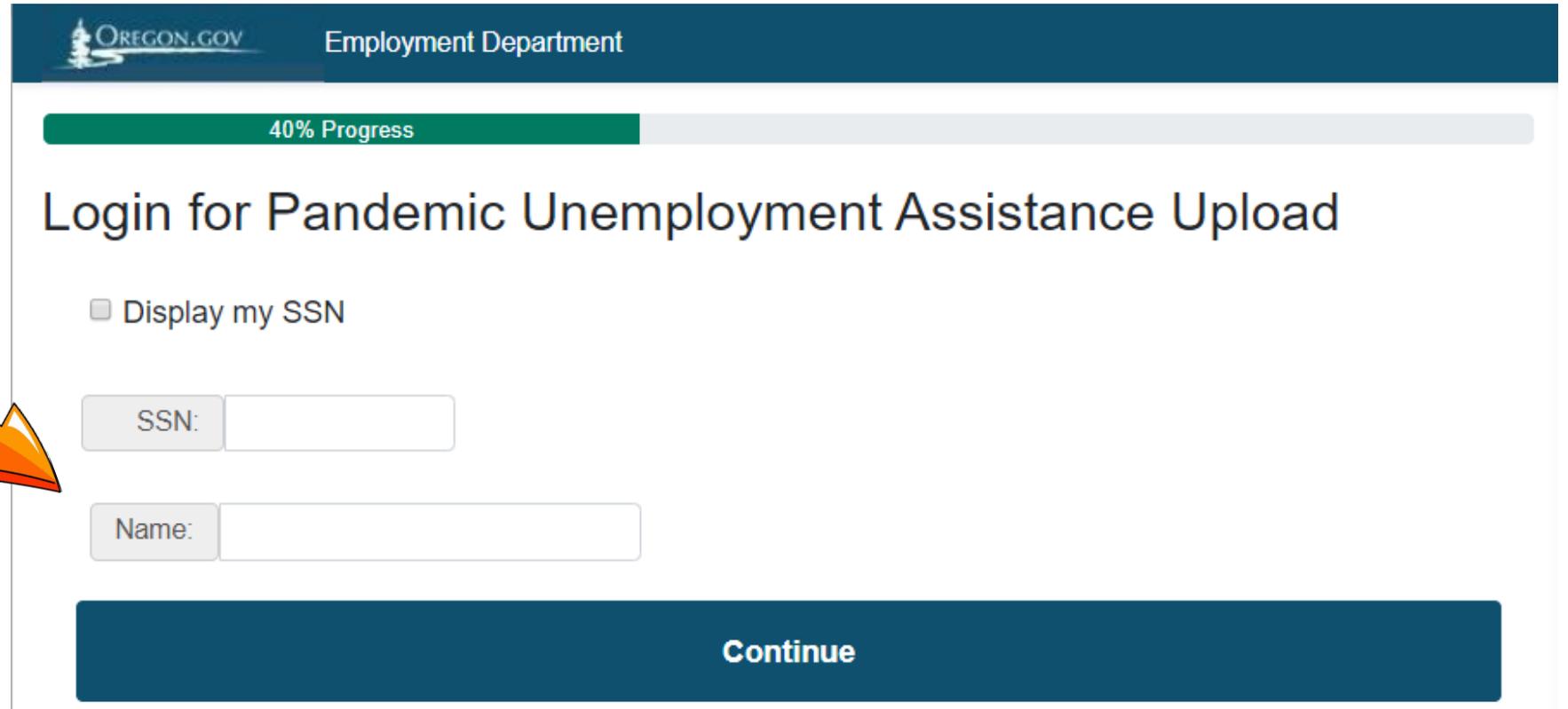
Enter your Social Security Number and four digit PIN to login to the PUA upload website. Select **Continue**.

If you do not have a PIN, select **Continue without a PIN**.

If you selected **Continue without a PIN**, a pop up will appear confirming your request. Select **Continue**.



Enter your Social Security Number and Name to login without a PIN. Select **Continue**.



60% Progress

Certification for Pandemic Unemployment Assistance

I certify that the information I am providing is correct, and I have supplied the information voluntarily, in order to obtain Pandemic Unemployment Assistance. I know federal funds are provided for this program and that penalties for intentional misrepresentation in order to receive payments may be subject to criminal prosecution.

Signature:

ContinueCancel and Return to Menu

To continue to the PUA secure upload, you must certify that the information you are providing is correct.

Please **type your name in the signature field** and select **Continue**.



75% Progress

Pandemic Unemployment Assistance Upload

Download and complete this Form:

-  [Self Certification/Intake Form](#)
-  [Instructions for Application](#)

Please download and complete the Self Certification/Intake Form for Pandemic Unemployment Assistance. Once completed you can submit it to us using the "Attach File" option below. We will be reviewing and making determinations on your benefit eligibility in the order we receive them. Make sure the form is fully complete before uploading it. Incomplete forms WILL DELAY the processing of your claim. **Note:** If you are unable to complete the Self Certification/Intake Form within 30 minutes, you will be prompted to re-enter your SSN and PIN number to upload the document.

Telephone Number:	<input type="text" value="(503) 292-2057"/>
Email:	<input type="text" value="test@oregon.gov"/>
Document Type:	<input style="border: none; border-bottom: 1px solid #ccc;" type="text" value="Self Certification/Intake"/> ▼
Attach file:	<input type="button" value="Choose File"/> No file chosen



Please provide your telephone number and email address when submitting your PUA application.

From the **Document Type** dropdown, select **Self Certification/Intake**. This will identify the type of document you will be uploading.

Next, select **Choose File** to upload your PUA application.

When you are ready to submit your PUA application, select the **Upload** button.

90% Progress

Pandemic Unemployment Assistance Upload



Success! Your file has been received.

Type:Self Certification/Intake

Filename:test.pdf



You may upload another file, or press

COMPLETE MY SUBMISSION

if you are finished.

Telephone Number:

(503) 292-2057

Email:

test@oregon.gov

Document Type:

-- please select --

Attach file:

Choose File

No file chosen

Upload

COMPLETE MY SUBMISSION

If you also need to submit **weekly claim reports** to catch up on prior weeks, please repeat the prior step for **each** weekly claim report. Make sure to change the document type to **Weekly Claim Certification**.

When you are **finished**, select **COMPLETE MY SUBMISSION**.

Pandemic Unemployment Assistance Upload completed

You have successfully submitted your information to the Secure Server.

Your Confirmation Number is 64652249

We will review and process the information you have submitted. If we have additional questions or need information from you, we will contact you.

You will receive information by mail or email once your Pandemic Unemployment Assistance claim is processed into our system.

certification forms.

You have successfully submitted your PUA application to the secure server if you receive a **confirmation number**.

What happens next?

After your PUA claim is processed, **you will receive a letter advising you of your new eligibility under Pandemic Unemployment Assistance**.

Make sure you submit your weekly claim reports each week you wish to receive payment.

If you wish to have us evaluate your claim for an increased weekly benefit amount, you must provide proof of income for your most recently completed tax year. To have the possibility of a higher claim amount you must have earnings in excess of \$16,480 for the year 2019.

You may **provide your proof of income** using the Online Claim System.

If you were self-employed, you may provide your most recent tax return with your NET income. You may also provide Profit Loss statements if you have not filed your taxes yet showing your net income for the business.

If you were employed by someone else, you may provide your W-2 or paystubs for tax year 2019, January through December.

Filing Weekly Claim Reports

After you have filed your new PUA claim application, you will begin submitting your **weekly claim reports** each week you are requesting benefits.

The **Online Claim System** is the **preferred method** to submit your weekly claim reports. This applies to **anyone** who has submitted a PUA application.

A copy of the PUA weekly claim report and instructions on how to submit it can be found on our website at:

<https://govstatus.egov.com/PUA>

The PUA application allows you to retroactively claim up to six weeks **prior** to the date you are submitting your initial application.

If you need to claim **additional past weeks**, you will need to submit **one** weekly claim report for **each** week you are requesting. For example, if you are requesting two additional weeks, you will submit two weekly claim reports.

You cannot claim for a week of benefits until **AFTER** the week has ended.

For unemployment purposes, our weeks are Sunday through Saturday. If you filed your claim application for PUA on April 7, 2020, you could not claim for that week until April 12, 2020.

SUNDAY April, 12th would be the **FIRST** day you can claim benefits for the prior week.

SATURDAY April 18th would be the **LAST** day you can claim benefits for the prior week.

Your weekly claim report will not be accepted if you submit it before the week has ended.

APRIL 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
PUA INITIAL CLAIM FILING WEEK						
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



IMPORTANT: Make sure you claim your benefits each week you wish to receive payment.

Find more information about our Pandemic Unemployment Assistance Program by visiting our webpage:

<https://govstatus.egov.com/PUA>

