

APPENDIX A - HANDBOOK FOR INTERSTATE CLAIMSTAKING

1. Introduction. The Handbook For Interstate Claimstaking is a compilation of information from each State. It is designed as a uniform method for States to provide information concerning the statutory provisions of UI laws and procedural instructions for reference by agent States when accepting interstate claims and/or advising claimants.

The Handbook is electronically maintained as Option 1 of the ICON Interstate Handbook application. Each State is responsible for maintaining current information in its section of the Handbook. When law changes occur, minimum or maximum benefit amounts change, an extended benefits period triggers, etc., the State agency should immediately update and transmit the appropriate information in accordance with the instruction provided in the ICON User Guide.

2. Format. Each State’s section of the Handbook is organized and electronically accessed under the State’s Postal abbreviation and Options A, B, 1, 2, 3, 4, 5, 6, 7, 8 and 9. The options alphabets or numbers identify the subject of the information to be maintained as follows:

a. Option A - Address/Telephone. Provide the address to which interstate claims and related materials, combined wage claim materials, and appeal materials are to be mailed and the telephone numbers for State Agency use. Also, separately provide the liable office address and the telephone number that is to be given to the claimant.

Liable States that have implemented remote initial claimstaking and/or electronic weeks claimed filing are to provide filing instructions and the appropriate telephone numbers immediately above the address of the liable office. These filing instructions and the liable office address should be on a separate page from other information to facilitate printing as a single page for distribution to the claimant. For example:

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COLORADO DEPARTMENT OF EMPLOYMENT AND TRAINING

NOTICE TO CLAIMANT: Colorado accepts all claims for unemployment compensation by telephone. Services are provided in English and Spanish. To file a new or additional claim, reopen your claim, transfer your claim to the interstate program, file an appeal or speak to a claims specialist, call 1-800-388-5515, Monday thru Friday between the hours of 7:30 a.m. and 4:30 p.m. (Mountain Standard Time).

Have the following information on hand when calling to file a new claim: Social Security Number; Name, address of work site and address of payroll office, if different, and dates of employment for each employer in the past 18 months; copy of DD214 if in Military during past 18 months; and Alien Registration number if

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not a citizen or national of the U.S. Be prepared to make up a 4-digit personal ID number.

You will be sent an information packet which explains eligibility requirements and how to file weekly claims.

To use the automated system to file a weekly claim or inquire about your claim, telephone: 1-800-916-1010 (Monday - Friday 1:00AM - Midnight, Saturday - 1:00AM - 3:00PM, Sunday - 9:00AM - Midnight).

Your liable office address is:

Colorado Department of Employment and Training

P.O. Box 1730

Denver, CO 80201-8988

FAX number is: (303) 866-6072

Mail all Interstate materials to "Interstate Unit" and Combined Wage Claim materials to "Special Claims Unit" at the following address:

Colorado Department of Employment and Training

P.O. Box 1730

Denver, CO 80201-1730

Telephone No. (303) 866-6342 FAX No. (303) 866-6072

Mail Appeals materials to:

Colorado Department of Employment and Training

Appeals Unit

P.O. Box 8988

Denver, CO 80201-8988

Telephone No. (303) 866-6260 FAX No. (303) 866-6055

b. Option B - Summary. This section contains a summary of some provisions of State law, State procedures and conditions existing in the liable State. Most of the information to be shown under "Info at a Glance" is self-explanatory. However, Item A.5, Illness-Disability, refers to a statutory provision of the UI law that provides for UI payments during periods of temporary illness or disability. If the State's UI law contains such a provision, enter "yes" and explain under Option 6, Able, Available, Actively Seeking Work. Item 13, Bulletin Board has been added to allow States to provide necessary additional information, such as the identification of areas covered by a disaster declaration for DUA.

Following is a layout of Summary Page(s) with examples of required information:

A. **INFO AT A GLANCE:**

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1. IBIQ	Yes	7. Electronic Weeks Claimed-	
2. Remote ICs		A. Interstate	Yes
A. Agent	Yes	B. Intrastate	Yes
B. Liable	Yes	8. Waiting Period	Yes
3. Max WBA	\$300	9. EB Period	Ended - 7/11/98 or Began - 7/12/98
4. Dependents Allowance	No	10. Additional Benefit	Yes*
5. Illness-Disability	No	11. DUA	Yes**
6. Effective Date	Sunday	12. a. Employer Option	I
		b. Protest Period	R-7-C

13. BULLETIN BOARD

* Up to 26 weeks of AB are payable to individuals attending approved training.

** Disaster Declaration effective 2/22/98 for Kit Carson and Weld Counties.

- B.
 - 1. BASE PERIOD: First 4 of the last 5 completed calendar quarters immediately preceding the first day of the benefit year.
 - 2. BASE PERIOD CHANGE: First Sunday in the months of January, April, July and October.
 - 3. ALTERNATE BASE PERIOD: None
 - C.
 - 1. BENEFIT YEAR: 52-week period beginning with the effective date of claim.
 - 2. EFFECTIVE DATE: Sunday preceding the date of filing.
 - 3. VALID CLAIM: When monetarily eligible.
 - D. WAGE QUALIFICATION: Base period wages equal to or greater than 1 ½ times the high quarter wages with total base period wages of at least \$900 or total base period wages equal to or exceeding State's average annual wage (\$22,100 for 1998).
- REQUALIFYING REQUIREMENT FOR SUBSEQUENT BENEFIT YEAR: Earnings of at least 10 X WBA in employment covered under any State or Federal law since the effective date of prior claim.
- E.
 - 1. WBA FOR TOTAL UNEMPLOYMENT:
Minimum - \$20 Maximum - \$221 Effective 7/1/98
 - 2. DURATION: Flexible - The lesser of 26 X WBA or 1/3 of the total base period wages.

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F. DEDUCTIBLE INCOME:

1. Wages in excess of 1/4 of the WBA.
Any retirement pay, pension or annuity wholly or partially financed by a base period employer.
2. Social Security

G. UNEMPLOYMENT, DEFINITION: Week of no work and no wages, or week of less than full-time work and wages of less than 1 ½ X WBA.

c. Regular Pages. The regular pages section of the Handbook covers options 1 thru 9. The subject titles were established several years ago, with some sub-titles having been added by States as the program has changed. The format of the regular pages is an explanation of the provision governing the subject followed by procedural instructions. Following is an example of the layout with required information:

1. a. **BASE PERIOD:** 1st four of the last 5 completed calendar quarters preceding the benefit year.

Obtain complete employment history covering the current and preceding five calendar quarters.

- b. **ALTERNATE BASE PERIOD:** Last 4 four completed calendar quarters.

Obtain employment history for current and preceding 5 calendar quarters for new claims.

- c. **SPECIAL BASE PERIOD FOR WORKERS' COMPENSATION CASES:** For any individual who received or was eligible to receive Workers Compensation, the base period is the first 4 of the last 5 quarters during which some work was performed prior to the benefit year providing that the last day of work was within 3 years of the effective date of the claim being filed.

Obtain employment history for the last 5 calendar quarters during which some work was performed.

2. a. **WAGE QUALIFICATION:** Base period wages equal to or greater than 1 ½ times the high quarter wages with total base period wages of at least \$900 or total base period wages equal to or exceeding State's average annual wage (\$22,100 for 1998). **WAGE FREEZE** - If the claimant received temporary total disability and if a UI claim is filed within 24 months of the date of the disability, wages prior to disability are frozen for UI purposes.

Obtain work history for the five completed quarters prior to the date of the

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disability and thereafter.

- b. **SUBSEQUENT BENEFIT YEAR:** Subsequent to the effective date of the prior benefit year, the individual must have earnings of at least 10 X the WBA of the subsequent benefit year for employment covered under any State or Federal law.
- 3. **COMPUTATION OF WEEKLY BENEFIT:** WBA is 1/26 of the individual's high quarter wages subject to the maximum WBA limitation. The MBA is 26 X the WBA or 1/3 of base period wages, whichever is less.

PARTIAL UNEMPLOYMENT: WBA is reduced by earnings with a base period employer dollar-for-dollar. When earnings are from a non-base period employer, the amount payable is the WBA minus earnings in excess of \$60 or 30 percent of gross wages, whichever is greater.

WEEKLY BENEFIT AMOUNT CHART

HIGH QUARTER WAGES	WBA
\$1000 - 1050	\$40
\$1050 - 1150	\$45
Etc.	

- 4. **COVERAGE:** Employers with a payroll exceeding \$1000 in current or preceding year. Coverage of city, county and State employers does not include elected officials.
- 5. **WAITING PERIOD:** One unpaid week during the benefit year prior to the payment of benefits.
- 6. **ABLE TO AND AVAILABLE FOR WORK; ACTIVELY SEEKING WORK:**

Accepts Standard Interstate Policy on Active Search for Work.

If claimant becomes ill or disabled after registering for work, the claimant is eligible for benefits if no suitable work is offered after the beginning of such illness or disability.

Weeks claimed certifications filed under the illness/disability provision should be noted "filed under illness/disability provision". The first such certification should be accompanied by a doctor's certificate identifying the nature of the illness or disability, effective date of illness/disability, and expected duration. If

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the claimant's illness/disability prevented him/her from filing during the period of illness/disability, take backdated claim and submit with a doctor's certificate.

7. DISQUALIFICATION PERIODS:

- a. **VOLUNTARILY LEAVING** employment without good cause attributable to the employment, the claimant is disqualified until re-employed in covered employment with wages of 8 X the WBA or greater. Adjudicate all separations within 6 weeks prior to the effective date of the claim.
- b. **DISCHARGE FOR MISCONDUCT** connected with work, the claimant is disqualified until re-employed in covered employment with wages of 10 X WBA.
- c. **FAILURE TO APPLY FOR OR ACCEPT SUITABLE WORK** - the claimant is disqualified until re-employed in covered employment with wages of at least 6 X WBA.
- d. **GROSS MISCONDUCT** - the claimant is disqualified for 52 weeks from the date of occurrence and wage credits are cancelled.
- e. **FRAUD IN CONNECTION WITH CLAIM** - the claimant is disqualified for up to 52 weeks from the date of occurrence.
- f. **LABOR DISPUTE** - the claimant is disqualified for the duration of the labor dispute if he/she belongs to the class of workers participating in or financing the strike.

8. APPEAL PERIOD: Ten (10) days from the date of the determination.

9. FEDERAL-STATE EXTENDED UNEMPLOYMENT COMPENSATION PROGRAMS:

- a. **EXTENDED BENEFITS:** Reminder - Only 2 weeks of EB are payable to an interstate claimant filing from a State not in an EB period.

Obtain complete work history for 24 months prior to the effective date of the EB initial claim. Initial claims must be filed at the beginning of each quarter during the EB claim.

- b. **STATE ADDITIONAL BENEFITS:** AB is payable only to individuals separated from specified employing units located in counties with a total unemployment rate of 10 percent or an insured unemployment rate of 8 percent. Potentially

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eligible claimants are notified when an employer is certified. The maximum amount payable is 13 X the WBA. The period of eligibility does not extend beyond the end of the benefit year.

Obtain complete work history for the current and the 5 completed calendar quarters prior to the effective date of the AB initial claim. Identify initial claims as AB.

