

Step-by-Step Unemployment Insurance Initial Claim Application

Identity Verification

- 1. Click on <u>uiclaim.labor.Vermont.gov</u>, it will redirect you to a sign in page and from there click on *"Create an Account"* button.
 - a. If you have already created an account, you can sign in with your Email ID and Password and click on *"Log In."*

Log in to get started

Email Address *

 Password *
 Forgot Password?

 Log in

Unlock your account.

Forgot your e-mail or have other account issues? See our info site.

Don't have an account? Create an account



2. Complete the fields and click on "Create Account" button.

Create an account

Required Fields (*)

Email Address *

You'll use this email address to log into your account.

johnvdol@mailinator.com

Password *

(view password requirements)

<u>....</u>

First and Last Name *

John

Test

Alternate Email

Secondary email

Phone

Phone

Terms for creation and use of a myVermont account.

Create account

<u>Return to login</u>



3. You will be sent a verification email to the email address provided when creating your account.

Verification email

Please check your email and use the link to verify your account.

Please note that some email providers, including Gmail, may take longer to process your verification email. It may take up to fifteen (15) minutes or more to receive your verification email.



4. Click on "Activate Account" from the email.

To From Sending IP Received	johnvdo no-repl 167.89 2023-0	ol y@my-de .126.180 7-16 07:2	ev.vermo 29:59	nt.gov				
HTML TEXT	JSON	RAW	LINKS	SMTP_LOG	ATTACHMENTS ERMONT your email addree link: This I	ss and activate Activate acco	your account, pl punt d only once.	ease click the
				This is an	automatically gene	rated message from monitored or ans	om State of Vermon wered.	nt. Replies are n

5. Once the account is activated, you will be redirected to the identity proofing acceptance field. Please fill out the information asked, check the *"I Agree"* checkbox, and then click on the *"I Agree"* button.



VER	MONT	Logout
	You are about to begin an identity proofing process which is required to u application Vermont UI - Initial Claims . We will collect some basic inform ask some follow up verification questions. If this process is unsuccessful, able to request assistance from a Vermont state employee.	se the nation and then you will be
	IMPORTANT NOTICE: You, John Doe , understand that by clicking on the button at the bottom of this form, you are providing "written instructions" to Vermont under the Fair Credit Reporting Act authorizing Vermont to obtain from your personal credit profile or other information from Experian. You a Vermont to obtain information solely to verify your identity and establish y resident of Vermont or a person transacting with the State of Vermont.	e "I AGREE" o the State of n information authorize ou as either a
^r All Fields are Required Social Security Number (SSN)*	*	
Current Address Line 1*		
City*		
State*		
Vermont		
Zip code*		



6. You will be taken to the Identity Proofing page. Select correct answers for all the questions on the page and click *"Submit Your Answers"* button. You must answer the questions correctly to pass verification and file your initial UI Claim online.



State of Vermont	
Department of Labor	

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Please answer these follow up questions.	×
nstructions: Select and answer for all of the questions.	
Question 1: According to your credit profile, you may have opened a mortgage loan in or around January 202 he lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NON ABOVE/DOES NOT APPLY'.	1. Please select IE OF THE
Select an answer	Ň
Question 2: Which of the following institutions do you have a bank account with? If there is not a matched ba select 'NONE OF THE ABOVE'.	nk name, please
Question 2: Which of the following institutions do you have a bank account with? If there is not a matched baselect 'NONE OF THE ABOVE'. Select an answer Question 3: Which one of the following retail credit cards do you have? If there is not a matched retail credit or provide the term of the following retail credit cards do you have? If there is not a matched retail credit cards do you have? If there is not a matched retail credit cards do you have?	nk name, please
Question 2: Which of the following institutions do you have a bank account with? If there is not a matched ba select 'NONE OF THE ABOVE'. Select an answer Question 3: Which one of the following retail credit cards do you have? If there is not a matched retail credit of NONE OF THE ABOVE'. Select an answer Question 3: Which one of the following retail credit cards do you have? If there is not a matched retail credit of NONE OF THE ABOVE'. Select an answer	nk name, please
Question 2: Which of the following institutions do you have a bank account with? If there is not a matched baselect 'NONE OF THE ABOVE'. Select an answer Question 3: Which one of the following retail credit cards do you have? If there is not a matched retail credit of NONE OF THE ABOVE'. Select an answer Question 4: Using your date of birth, please select your astrological sun sign of the zodiac from the following Select an answer	nk name, please

- 7. If your identity is successfully verified, you will receive an identity verification message. Click *"Return to Vermont UI Initial Claims."* Note that you may experience a short delay in seeing the button.
 - a. If your identity cannot be verified, you will see a message directing you to call the Claimant Assistance Line.



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Your identity was verified to level 2.	×	
Completing updates to your My.vermont.gov profile		
All Set!		
Your identity has been verified to level 2.		
RETURN TO VERMONT UI - INITIAL CLAIMS		
NOTE: You may need to logout and login again of the "Vermont UI - Initial Claims" application be completed identity verification.	efore it tognizes you	

- 8. If *"Identity Verification"* is successful, you will be redirected to the UI Initial Claim application.
- 9. Please complete the application and submit it.

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Unemployment Insurance Applic	tation
 Instructions Contact Information Employment History CR2eenship Monetary Information Applicable Events Job Information Payment Information Payment Information Attestation 	Websered begreatered of labor Online Partal for New Uneengloyment Claims. Please read the instructions below carefully before selecting "Next" Description This flow is the part of the uneeployment the instructions below carefully before selecting "Next" Description This flow is the part of the uneeployment the instructions below carefully before selecting "Next" Description This flow is the part of the uneeployment the instructions below carefully before selecting "Next" Description This flow is the part of the uneeployment the instructions below carefully before selecting "Next" Description This flow is the part of the uneeployment the instructions below carefully before selecting "Next" Description This flow is the part of the part o
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Instructions	Please provide the information requested below based on your personal	information. This information will b	e used to verify your claim with the Vermont Department of Labor.
Contact Information			
Employment History	Contact Information		
Citizenship	* Social Security Number		* First Name
	123456789		Test
Monetary Information	Middle Initial		* Last Name
Applicable Events			Testing
Job Information	* Gender		
	Female	*	
Payment Information	* Mailing Street		* City
Attestation	342 main		Test city
	* State		* Zip
	Vermont	v	34343
	* Birth Date		* Email
	Jul 4, 2021		test@gmail.com
	Vermont Driver License or Privilege Number		If you do not have a Vermont Driver License or Driver Privilege Card please check this box
	Vermont123	Verify	
	Vermont Driver License or Privilege Number verified successfully.		
	* Telephone Number		
	(234) 234-2343		
			Dark
			Back
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Instructions	If you are an Independent Contractor, please provide the name and address of the business you worked for	r along with the date you started work for the business and the last day you performed work.
Contact Information	If you are Self-Employed, please provide the name and address of your business along with the date you sta Please search for the name of your "Last Employer" below. Your last employer is the one you last performe	arted your business and the last day you performed work. Id work for. The address information will automatically populate once selected. If you cannot find your employer,
3 Employment History	please call the Vermont Department of Labor at 877-214-3332.	
4 Citizenship	Employment Information	
5 Monetary Information	Enter information from the employer you are separating from.	
6 Applicable Events	I am an Independent Contractor	I am self-employed or Sole Proprietor
7 Job Information	* Last Employer or Indicate your Business Name Test	✓ If you are unable to find your employer, please enter the employer name and address and check this box
8 Payment Information	* Employer or Business Address 1	Employer or Business Address 2
9 Attestation	123 Test St	
	* City	* State
	Test City	California
	* Zip	* DOL State Worked In
	23345	California
	* Last Employment Start Date	* Last Employment End Date (If Self-Employed, list end date)
	Apr 18, 2023	Jul 18, 2023
	* Reason for filing Quit Quit for Health Reason Uaid Off Fired Working Purt Time	
	* Is your separation from employment a direct result of the federally declared disaster in July 2023? Yes No	
	If applicable, return to work date	
	ä	
		Back Next



artment of Labor			
~ VERMONT			
		Log Out	
employment Insurance Ap	plication		
Instructions			
Contact Information	Please specify your citizenship and veteran status below		
Employment History	Citizenship		
Citizenship	* U.S. Citizen		
Monetary Information	Yes No Are you a military service veteran?		
Applicable Events	Ves No		
lob Information			
Payment Information			Back
Attestation			
VERMONT		Log Out	
mployment Insurance Ap	plication		
Instructions	Please complete the below information based on payments that will be recieve	. Select the relevant checkbox(es) and complete the required fields before selecting "Next"	
ontact Information			
mployment History	Monetary Information		
itizenship	Vacation Pay		
fonetary Information	Gross vacation Pay Amount	vacation kate of Pay	
pplicable Events	Vacation Pay Number of Hours	Vacation Pay Number of Weeks	
ob Information			
ayment Information	Wages in Lieu Of Notice Gross Wages in Lieu Of Notice Amount	Wares in Lieu Of Notice Rate of Pav	
Attestation	Gios Hages II Lieu O Houte Jeindink	ringes in Louis of House Rave of Pay	
	Wages in Lieu Of Notice Number of Hours	Wages in Lieu Of Notice Number of Weeks	
	Severance Pav		
	Gross Severance Pay Amount	Severance Rate of Pay	
	Severance Pay Number of Hours	Severance Pay Number of Weeks	
	Pension		
	Gross Pension Amount (Indicate only if you did not contribute to plan)		
	Workers Compensation, are you or will you receive it? Yes No	Have you received it within the past six months? Yes No	
			Dack
~ VERMONT			
		Log Out	
employment Insurance Ap	plication		
Instructions	Of the following list below, please select all that applies to you. If none apply, yo	u may skip down to the question "Have you filed for any benefits in this state or another state, including Cana	da in the past 12 months".
Instructions Contact Information	Of the following list below, please select all that applies to you. If none apply, yo	u may skip down to the question "Have you filed for any benefits in this state or another state, including Cana	ida in the past 12 months".
Instructions Contact Information Employment History	Of the following list below, please select all that applies to you. If none apply, yo Applicable Events	u may skip down to the question "Have you filed for any benefits in this state or another state, including Cana An angel of the state	ida in the past 12 months".
Instructions Contact Information Employment History Clitizenship	Of the following list below, please select all that applies to you. If none apply, yo Applicable Events Creck all that apply Served on active duty in the military during the last 18 months	uu may skip down to the question "Have you filed for any benefits in this state or another state, including Cana	ada in the past 12 months".

ve you worked in another state or Canada in the past 18 months? Yes
No

Yes

u filed for any benefits in this or another state, including Canada within the past 12 months:

Back Next

6 Applicable Events

7 Job Information

9 Attestation

8 Payment Information



cable Events

Job Information

9 Attestation

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	Log Out
Unemployment Insurance Application	
Instructions Contact Information Employment History Citizenship Monetary Information Applicable Events Job Information Payment Information Payment Information Payment Information	Please answer the following questions as they relate to your ability and availability to seek and accept work Dob Information * Are you safe employed, strengthere to fully time work? * Mrs No * Are you safe for all ability monal to your occupation? Answering "No" may dispatify you. * Mrs No * Are you cancendent at a state of school or training? * Mrs No
7 AUGRELAN	Back Next
✓ VERMONT	
Unemployment Insurance Application	Log Out
Instructions Contact Information Employment History Citizenship	Please select your preferred method of payment. If you have elected to be paid by check it will be mailed to the address you provided in the Contact Information section of this form. If you are choosing direct deposit, you must wrifly your Routing number and Account number before proceeding. Unemployment insurance is taxable income. You must select "yes" or "no" to the withholding of federal and state income tax. Payment Information "Unemployment benefits is taxable income. To you want State and Federal taxes subtracted from your unemployment benefits each west?

ethod Direct Deposit

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		Log Out	
Unemployment Insurance Application	1		
Instructions	You must type your name into the field labeled "submitted by", check the box that this information is true, and	check the box "I'm not a robot" before clicking on the submit button.	
Contact Information Employment History	Attestation		
Citizenship	* Submitted by: Test User	Date of Attestation 07-18-2023	
Monetary Information	* I attest, under penalty of perjury, that all information provided on this form is true.		
Applicable Events			
Job Information			Back Submit
Payment Information Attestation			

10. Once the application is submitted, you will receive a confirmation number and an email that your UI Initial Claim application has been submitted.

Back Next



Log Out



State of Vermont Department of Labor

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oon as possible. Once your application has be eed to read and understand your rights and r	t Insurance claim. Your application has been received and will be processed as en entered you will receive a monetary determination in the mail. You will esponsibilities outlined in the Claimant Handbook.
Our confirmation number is:	
View The Department Of Labor website	
NEMPLOYMENT INSURANCE	veekly claim You can file your <u>weekly</u> claim on
NEMPLOYMENT INSURANCE When to file your first v IF YOU FILED YOUR INITIAL CLAIM Monday - Thursday	Veekly claim YOU CAN FILE YOUR <u>WEEKLY</u> CLAIM ON The following Sunday, Monday, Tuesday, Wednesday, or Thursday
NEMPLOYMENT INSURANCE NEMPLOYMENT INSURANCE When to file your first v IF YOU FILED YOUR INITIAL CLAIM Monday - Thursday Friday - Saturday	Veekly claim YOU CAN FILE YOUR WEEKLY CLAIM ON The following Sunday, Monday, Tuesday, Wednesday, or Thursday The following Tuesday, Wednesday, Thursday or Friday
VIEW INE DEPARTMENT OF LIBOR WEDATE NEMPLOYMENT INSURANCE When to file your first v IF YOU FILED YOUR INITIAL CLAIM Monday - Thursday Friday - Saturday Sunday	VOU CAN FILE YOUR WEEKLY CLAIM ON The following Sunday, Monday, Tuesday, Wednesday, or Thursday The following Tuesday, Wednesday, Thursday or Friday The next Sunday, Monday, Tuesday, Wednesday or Thursday