

Guide to Filing an Unemployment Insurance Claim

The following questions will be asked when you file a new claim for Unemployment Insurance benefits, whether you file online at www.dlt.ri.gov or over the phone at (401) 415-6772. Please have this information ready when you begin the process.

NOTE: This is a sample listing of questions you may be asked when filing an initial claim for unemployment benefits. Depending on your individual situation, you may be asked for more or less information than is shown.

INFORMATION ABOUT YOURSELF

- Name
- Telephone number
- Email address
- Mailing address
- Home address (if different from mailing address)
- Date of birth
- Social Security number (SSN)
- State you worked in most recently
- Driver's license number or state-issued identification number
- If not a US Citizen: Alien Verification Number

DEPENDENT INFORMATION

- Number of dependent children under the age of 18; and/or number of children over the age of 18 with disabilities and incapable of earning wages.
- Name, relationship, date of birth, age, Social Security number and disability (if applicable) for each child listed.

Be prepared to answer the following questions regarding your children:

- Do you personally provide for the support of these children?
- Does anyone else contribute to the support of these children? If yes, be prepared to give name, address and SSN of other person.
- Do all of the above children live with you? If no, be prepared to list the child's/children's address.
- Do you have legal custody and physical possession of all the children listed above? If no, be prepared to give name, address and SSN of other person involved.
- Is your spouse, or any other person claiming these children, currently collecting an unemployment insurance claim?

EMPLOYMENT HISTORY

- Are you currently employed? If so, how? (full-time, part-time)
- NOTE: If you are employed full-time and currently working full-time hours, you would not be entitled to benefits.
- Have you worked in Rhode Island in the last 18 months?
- Have you worked in more than one state during the past 18 months?
- Are you a member of a hiring hall trade union?
- If yes, provide local trade name and number.

Please provide the following information for all employers during the past 18 months, starting with the most recent:

- Name of employer
- Employer address, city, state and zip code
- Employer phone
- Job title
- Job duties (list all)
- Pay amount

Please provide the following information for your most recent employer:

- Was work performed in Rhode Island?
- Months experience on this job
- Date you started work
- Last day and date you worked
- Reason for unemployment
- Pay unit (hourly, weekly, or annually)
- Did you receive severance pay?
- What were the actual days you worked during your last week of work?
- Do you have a definite return-to-work date?

- Do you expect to return to work with this employer?
- Are you unemployed due to a bonafide company vacation shutdown?
- As of your last day of work, were you entitled to or did you receive a bonus, commission, vacation or sick pay?

RELATED EMPLOYMENT INFORMATION

- Are you a US citizen?
- Are you a migrant worker?
- In your present or most recent employment, have you been self-employed?
- In your present or most recent employment, have you been a corporate officer? (president, vice-president, etc.)
- In your present or most recent employment, were you employed as a professional athlete or did you work in a professional sports organization?
- In the most recent academic year/term, have you been employed by a school or educational institution?
- Have you been employed by the federal government as a civilian during the last two years?
- Are you a state government employee laid off due to a reduction in the state workforce?
- Have you performed active military service in the past two years? If yes, be prepared to answer requested information regarding your service.
- Are you a veteran? If yes, please provide beginning and ending dates of service.

RELATED FINANCIAL INFORMATION

- Are you currently receiving unemployment benefits from another state?
- Have you applied for or received unemployment benefits in the last 12 months? If yes, provide the state and timeframe in which you collected.
- Have you applied for or received Temporary Disability Insurance in the last two years?
- Have you applied for or received other disability payments in the last two years?
- Are you now or during the next year will you be collecting Social Security?
- Are you now or during the next year, will you be collecting a retirement pension?
- Are you now or during the next year will you be collecting an annuity?
- Are you or anyone in your household receiving public assistance?
- Are you or anyone in your household participating in a Dept. of Human Services (DHS) Work Program?
- Are you or anyone in your household receiving food stamps (SNAP assistance)?
- Have you applied for or received Workers' Compensation (WC) in the last two years? If yes, please list the following:
 - Date of injury
 - Name of WC insurance company
 - WC insurance company agent name
 - WC insurance company telephone number
 - WC claim number
 - Did you receive weekly Workers' Compensation?
 - Are you still collecting?
 - Did you request reinstatement to your position?
 - Did you receive a lump sum settlement?

EDUCATION INFORMATION

- Have you applied for or received Workers' Compensation (WC) in the last two years? If yes, please list the following:
- What is the highest grade you have completed? (high school, associate's degree, bachelor's degree, etc.)
- Do you have a post-secondary certificate (post-secondary is a course after high school for which you received a certificate or license, such as Certified Nursing Assistant/CNA, hairdresser license, electrician license, etc)? If yes, list the certificate.
- Are you currently attending school? If yes, please provide:
 - Name of school
 - School start date
 - Anticipated date of graduation
 - Name of degree or certificate program
 - Class schedule
 - While in school, are you looking for work?

PROCESSING INFORMATION

- Please indicate if you would like income taxes withheld from your unemployment insurance benefits (both state and federal, federal only, state only or no tax withheld).
- Please select either the electronic payment card or direct deposit payment option.
- If you select direct deposit, be prepared to provide bank name, route number and account number.