



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT
TALENT INVESTMENT AGENCY
UNEMPLOYMENT INSURANCE

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What You Need To File An Unemployment Claim

If you have become unemployed or your hours of work have been reduced, you may file a claim for unemployment benefits. You may file your claim by telephone toll-free at 1-866-500-0017 (TTY customers use 1-866-366-0004), or file online at <http://www.michigan.gov/uia> under the heading. Click on “Michigan Web Account Manager for Claimants and Employers.” Completing the information on this sheet first will save you time when you file your claim for unemployment benefits.

**DO NOT SEND THIS FORM TO THE UNEMPLOYMENT INSURANCE
KEEP IT FOR YOUR RECORDS.**

PERSONAL INFORMATION

Social Security Number:	
Driver license number or state ID number:	
Mailing address: (Where you want information about your unemployment claim sent.)	
County: (Where you reside.)	
Telephone number: (If you do not have a phone, give a number where a message can be left in case UI staff need to contact you)	
Method of Payment: (You will be asked to choose whether you want your benefit payment issued by direct deposit to your bank or credit union account or by debit card.)	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Debit Card <input type="checkbox"/> Routing Number <input type="checkbox"/> Bank Account
If you are not a citizen or national of the United States, give your Alien Registration Number and the expiration date shown on your alien ID or documents:	

You will need the names and payroll addresses for all the employers you have worked for in the 18 months prior to filing your claim. You may be asked to provide the UI with some of the information contained on this form. It would also be helpful to have available any W-2 forms you have received from employers you have worked for in the past 18 months as the form contains the employer’s Federal Employer Identification Number (FEIN).

EMPLOYMENT INFORMATION

Your Most Recent Employer #1: (Your separating employer)	
Street Address: Use the payroll address if known.	
City, State and Zip Code:	
Dates of employment and earnings: (Report your gross earnings for your most recent period of continuous employment with this employer.)	Beginning Date: _____ Ending Date: _____ Earnings: _____

List all other employers you have worked for in the past 18 months giving the payroll address if known (use additional paper if necessary):

EMPLOYER #2

Your **Most Recent Employer #2:**

Street Address: (Use payroll if known.)

City, State and Zip Code:

Dates of employment and earnings: (Report your gross earnings for your most recent period of continuous employment with this employer.)

Beginning Date: _____
Ending Date: _____
Earnings: _____

EMPLOYER #3

Your **Most Recent Employer #3:**

Street Address: (Use payroll if known.)

City, State and Zip Code:

Dates of employment and earnings: (Report your gross earnings for your most recent period of continuous employment with this employer.)

Beginning Date: _____
Ending Date: _____
Earnings: _____

DATES

When entering dates, either on the web or the telephone, you must enter two digits for the month, two digits for the day, and four digits for the year. Example: May 19, 2016 should be entered as 05/19/2016 on the web or 05192016 on the phone.

WAGES

Your benefit entitlement will be based on gross wages paid in the first four of the last five completed calendar quarters immediately preceding the Sunday of the week in which you file your claim. If there are insufficient wages in those quarters, the wages in the last four completed quarters will be used. For example, if you filed for benefits on Wednesday, April 12, 2017 the wages paid during the calendar four of the five quarters below would be used to compute your benefit entitlement.

January 1, 2017 through March 31, 2017
October 1, 2016 through December 31, 2016
July 1, 2016 through September 30, 2016
April 1, 2016 through June 30, 2016
January 1, 2015 through March 31, 2016

You may be asked to provide quarterly wages if they were not reported by your employer(s). You should have the information available before filing your claim.

If you have any questions about this form, call the Inquiry Line at 1-866-500-0017. TTY customers call 1-866-366-0004.