NELCONE











Rapid Response Program:

- Team Representatives
- Dislocated Worker
- Available Services and Resources
 - America's Job Center of California / WorkSource Centers Service Locator:

https://www.careeronestop.org/LocalHelp/service-locator.aspx

Employment Development Department (EDD):

- Workforce Services Branch
 - -CalJOBS
 - www.caljobs.ca.gov
 - -Labor Market Information Division
 - www.labor.marketinfo.edd.ca.gov
- Disability Insurance Branch
 - www.edd.ca.gov/disability
- Unemployment Insurance Branch www.edd.ca.gov/Unemployment

The EDD's Unemployment Insurance Benefit Program





The Unemployment Insurance (UI) program pays benefits to workers who have lost their job and meet the program's eligibility requirements. If you have become unemployed, you may file a UI claim. You may be eligible for UI benefits if you meet all eligibility requirements. After you have filed a claim, you must continue to certify for benefits and meet eligibility requirements in order for the EDD to pay you benefits. Use the information below to access unemployment related services and information.

File a Claim

- · Information You Need to Apply for UI
- File or Reopen a UI Claim
- · Eligibility Requirements
- · Filing a UI Claim Claim Process
- More...

Manage a Claim

- Managing Your Claim With UI OnlineSM
- · Certify for UI Benefits
- Understanding the Certification Questions
- · Fraud Prevention and Detection Activities
- How to Appeal a UI Benefit Decision
- More...

Payment Information

- · Where is Your UI Benefit Payment?
- EDD Debit CardSM Information
- · How to Avoid Improper UI Payments
- · How to Pay Benefit Overpayments
- More...

Online Services

- UI OnlineSM
- eApply4UI
- EDD Web-CertSM
- · Ask EDD
- · More...

General UI Information

- · Contact Us
- · Forms and Publications
- · Frequently Asked Questions
- UI News
- More...

Employer Information

- · Responding to UI Claim Notices
- · Preparing for Telephone Interviews
- · Identity Theft Prevention
- Fraud and Penalties
- · Layoff Alternatives
- More...

EDD Call Center PO Box City CA Zip Code



Mail Date: 00/00/0000 SSN: 000-00-0000

EDD Telephone Numbers:

English 1-800-300-5616 Spanish 1-800-326-8937 Cantonese 1-800-547-3506 Mandarin 1-866-303-0706 Vietnamese 1-800-547-2058 TTY (non voice) 1-800-815-9387

Claimant's Name
Claimant's Address
City CA Zip Code

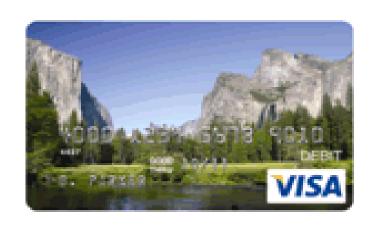
NOTICE OF UNEMPLOYMENT INSURANCE AWARD

1.	Claim Beginning Date:	00/00/0000	2.	Claim Ending Date:	00/00/0000
з.	Maximum Benefit Amount:	\$0000	4.	Weekly Benefit Amount:	\$000
5.	Total Wages:	00,000.00	6.	Highest Quarter Earnings:	0,000.00

- 7. This item does not apply to your claim. For more information, see item 7 on the reverse.
- You must look for full time work each week. Please see your handbook, <u>A Guide to Benefits and Employment Services</u>, DE 1275A, for more information about looking for work.
- 9. This item does not apply to your claim.

10.	Employee Name	11. En	Employer Name			
		Month/Year	Month/Year	Month/Year	Month/year	
,	Claimant's Name	0,000	0,000			ABC CO
	Claimant's Name			0,000	0,000	XYZ CO
13.	Totals:	0,000	0,000	0,000	0,000	

The EDD Debit CardSM



High resolution image of the EDD Debit CardSM

- Faster, easier and more secure
- No more waiting
- Use everywhere
- Keep the card

CONTINUED CLAIM

	1 ST WEEK 2 nd WEEK					
ANSWER ALL QUESTIONS. SEE SECTION A. ON BACK FOR EXAMP HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your <u>Guide to Unemployment Insurance Benefits</u> .	LES OF Begins Begins					
COMPLETE AND MAIL THIS FORM ON MONTH DAY YEAR 1. Were you too sick or injured to work?						
If yes, enter the number of days (1 through 7) you were unable to v						
2. Was there any reason (other than sickness or injury) that you could r Accepted full time work each workday?	not have					
3. Did you look for work? ☐ ← IF MARKED "X", YOU MUST COMPLETE SEC. B, WORK SEARCH RI	>П П П					
4. Did you refuse any work?						
5. Did you begin attending any kind of school or training?						
6. Did you work or earn any money, WHETHER YOU WERE PAID OR (If yes, you <u>MUST COMPLETE</u> items a. and b. below	NOT?					
a. Enter earnings before deductions hereb. Report employment or "source" of earnings information below:	> \$					
DATE TOTAL LAST WORKED HOURS WORKED EMPLOYER NAME AND MAI	R EASON NO LONGER WORKING LING ADDRESS INCLUDING ZIP CODE (OR WRITE "STILL WORKING")					
1 ST WEEK						
2 nd WEEK						
7. If you want federal income tax withheld for the week(s) above, Mark this block>						
8. If you had a change of mailing address or phone number, complete Sec. D on Reverse, and mark this block						
	I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are					
	true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work					
	by INS. I signed this form after the last date for which I am claiming benefits.					

Unemployment Insurance and California Training Benefits (CTB)

- Attend approved school /training and receive UI benefits
- Ask about training when you file your claim
- See "Unemployment Insurance Benefits: What You Need to Know" booklet for more information
- Approved training programs:

www.labormarketinfo.edd.ca.gov

U.S. Department of Labor:

- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Health Insurance Portability & Accountability Act (HIPPA)
- Employee Retirement Income Security Act (ERISA)
- Affordable Care Act (ACA)

For additional information, access the Department of Labor website: **WWW.dol.gov**

Department of Labor Contact Information:

U.S. Department of Labor Employment Benefits Security Administration 1-866-444-3272



EXPLORE What's Right For You

PREVIEW Health Plans

APPLY To Get Covered **GET HELP** Find Answers

1-877-752-4737 Options: Individual and Family: Option 2 / Small Business Plans: Option 4

Hours of Operation: Monday – Friday, 9:00 am – 5:30 pm





Resources to Help You Keep and Use Your Covered California Health Insurance Plan

















Additional Resources/Materials:

(Refer to documents attached to email with virtual presentation overview)

Don't waste time... Make your plan... Take action NOW...

Questions?

THANK YOU!