

APPLICATION FOR DETERMINATION OF INSURED STATUS

FOR OFFICE USE ONLY

Please Print

1. SOCIAL SECURITY ACCOUNT NUMBER

Grid for Social Security Account Number

2. NAME: LAST FIRST MIDDLE

Other Name Worked Under:

3. ADDRESS:

CITY STATE ZIP CODE

4. TELEPHONE NUMBER: (808) SEX: Male Female

5. MARITAL STATUS: Single Married Divorced Widowed Separated

6. NUMBER OF DEPENDENTS YEARS OF EDUCATION YOUR BIRTH DATE

7. I certify, under penalty of perjury, that I am a citizen or national of the U.S. YES NO. If no, I am in a satisfactory immigration status YES NO. Alien Reg. No. Place of Birth

8. Will you be referred to your next job by a labor union? YES NO. If yes, union name: Local Number:

9. Did you work this week? YES NO. If yes, hours worked: Pay Rate: \$/hour/month Gross Pay: \$

10. Are you required to make or do you owe child support payments? YES NO. If yes, where (state)?

FOR OFFICE USE ONLY: CLAIM, PROGRAM, FILE DATE, BYB/EFF DATE, LO, PART/TIME, TRANS, RACE, ETHNIC, M.C. INSTRUCTIONS GIVEN, PAMPHLET GIVEN, BRI GIVEN, SSN VERIFIED, STOP MONETARY

REMARKS

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11. WORK RECORD: LIST ALL EMPLOYMENT FULL-TIME OR PART-TIME FOR THE PAST 18 MONTHS BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT. INCLUDE FEDERAL, CIVILIAN, MILITARY, AND OUT-OF STATE EMPLOYMENT.

EMPLOYER NAME, ADDRESS, PLACE EMPLOYED, PH. NO., EMPLOYMENT TYPE: FULL-TIME PART-TIME

From to: Type of work Reason for Separation: Laid Off-Lack of Work Quit Discharged Other Still Employed Explain:

Grid for SF-8 Based/Issued, CHARGE CODE

EMPLOYER NAME, ADDRESS, PLACE EMPLOYED, PH. NO., EMPLOYMENT TYPE: FULL-TIME PART-TIME

From to: Type of work Reason for Separation: Laid Off-Lack of Work Quit Discharged Other Still Employed Explain:

Grid for SF-8 Based/Issued, CHARGE CODE

EMPLOYER NAME, ADDRESS, PLACE EMPLOYED, PH. NO., EMPLOYMENT TYPE: FULL-TIME PART-TIME

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- 12. Were you a director, officer, owner or shareholder of a business or corporation within the past 15 months? YES NO
13. Are you receiving or have you applied for any type of pension or social security retirement benefits? YES NO
14. Have you claimed, received, or applied for unemployment benefits in the past year? YES NO
15. Do you wish to have taxes withheld? YES NO

I request a determination of entitlement to unemployment benefits. I understand that P.L. 98-369 requires that I furnish my Social Security number and that information regarding my claim may be furnished to authorized agencies for the purposes of income and eligibility determination. In compliance with P.L. 93-579, I authorize my former employer(s) to release all information requested in connection with my claim for unemployment insurance benefits. I have been advised that to be eligible for unemployment insurance benefits, I must register for work with the State Workforce Development Division or Union Hiring Hall within 7 days.

I CERTIFY that the information I have provided above is true to the best of my knowledge. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS OR FOR WITHHOLDING INFORMATION IN CONNECTION WITH THIS CLAIM.

INTERVIEWER'S SIGNATURE

CLAIMANT'S SIGNATURE

DATE

UNEMPLOYMENT INSURANCE DIVISION
LOCAL CLAIMS OFFICE INFORMATION

Honolulu Claims Office

830 Punchbowl St. Rm 110
PO Box 4090
Honolulu, HI 96812-4090
Ph: (808) 586-8970 or 586-8971, Fax: (808) 586-8980
Email: dlir.ui.honolulu@hawaii.gov

Kaneohe Claims Office

46-005 Kawa St. Ste. 205
Kaneohe, HI 96744
Ph: (808) 233-3679
Fax: (808) 586-8980
Email: dlir.ui.honolulu@hawaii.gov

Waipahu Claims Office

94-275 Mokuola St. Rm. 301
Waipahu, HI 96797-3369
Ph: (808) 675-0030, Fax: (808) 675-0025
Email: dlir.ui.waipahu@hawaii.gov

Hilo Claims Office

1990 Kinoole St, Rm 101
Hilo, HI 96720-5293
Ph: (808) 974-4086, Fax: (808) 974-4085
Email: dlir.ui.hilo@hawaii.gov

Kona Claims Office

81-990 Halekii St, Rm. 2089
PO Box 167
Kealahou, HI 96750-0167
Ph: (808) 322-4822, Fax: (808) 322-4828
Email: dlir.ui.kona@hawaii.gov

Maui Claims Office

54 South High St, Rm. 201
Wailuku, HI 96793-2198
Ph: (808) 984-8400, Fax: (808) 984-8444
Email: dlir.ui.maui@hawaii.gov

Molokai Claims Office

55 Makaena St, Rm. 4
PO Box 1858
Kaunakakai, HI 96748-1858
Ph: (808) 553-1750, Fax: (808) 553-1753
Email: dlir.ui.maui@hawaii.gov

Kauai Claims Office

3-3100 Kuhio Hwy Ste. C12
Lihue, HI 96766-1153
Ph: (808) 274-3043, Fax: (808) 274-3046
Email: dlir.ui.kauai@hawaii.gov

Liabile Interstate Unit

PO Box 4090
Honolulu, HI 96812-4090,
Ph: (808) 586-8960, Fax: (808) 586-8980
Email: dlir.ui.honolulu@hawaii.gov