

# STATE ADDITIONAL BENEFITS (SAB) 2016

## Manual Filing Instructions

1. Download, Print and Complete the following application.
2. Mail or bring in the completed application to your local office. Use the addresses provided below.

Honolulu Claims Office  
Kaneohe Claims Office  
Liable Unit (Out of state claims)  
830 Punchbowl St. Room 110  
Honolulu, Hawaii 96812

Waipahu Claims Office  
94-275 Mokuola St. Rm 301  
Waipahu, HI 96797

Hilo Claims Office  
1990 Kinoole St. Rm 101  
Hilo, HI 96720

Kona Claims Office  
81-990 Halekii St. RM 2090  
Kealahou, HI 96750

Maui Claims Office  
54 South High St. Rm 201  
Wailuku, HI 96793

Kauai Claims Office  
4370 Kukui Grove St. Ste 3-214  
Lihue, HI 96766



ELIGIBILITY REVIEW QUESTIONNAIRE

UC-BP-24 (Rev. 5/97)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. Have you ever filed for unemployment insurance previously? YES ( ) NO ( )
If "Yes," when and where: \_\_\_\_\_

2. Was there any reason why you could not have accepted full-time work since you have been unemployed? YES ( ) NO ( )
If "Yes," please explain: \_\_\_\_\_

3. What kind of work did you perform on your last job? \_\_\_\_\_

- a. How long did you work at your last job? \_\_\_\_\_
b. What days did you work? \_\_\_\_\_
c. What were your hours? \_\_\_\_\_
d. What was your rate of pay? \_\_\_\_\_ an hour; \_\_\_\_\_ a month.

4. What other kind(s) of work experience have you had? \_\_\_\_\_

- a. How long did you work in this capacity? \_\_\_\_\_

5. What kind of work are you looking for now? \_\_\_\_\_

- a. What is the lowest pay you will accept? \_\_\_\_\_ an hour; \_\_\_\_\_ a month.
b. Circle the days of the week that you are willing and able to work:
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

c. During what hours of the above days are you willing and able to work? \_\_\_\_\_

d. In what geographical areas are you willing and able to work? \_\_\_\_\_

e. What means of transportation do you have to get to work? \_\_\_\_\_
(Specify: own car, bus, taxi, or other means.)

6. Do you expect to obtain work through a Labor Union? YES ( ) NO ( )

- a. If "Yes," give name of union and local number: \_\_\_\_\_
b. If "Yes," are you registered and in good standing? YES ( ) NO ( )
c. Would you accept nonunion work: YES ( ) NO ( )

7. Has any employer offered you work since you became unemployed? YES ( ) NO ( )

If "Yes," please give name and address of employer: \_\_\_\_\_

8. Has the State Workforce Development Division offered you a referral to work since you became unemployed? YES ( ) NO ( )

If "Yes," what was the result: \_\_\_\_\_

9. Do you

- a. Work for anyone now? YES ( ) NO ( )
b. Spend any time in self-employment or in business of any kind? YES ( ) NO ( )
c. Attend or plan to attend school or vocational training? YES ( ) NO ( )

If "Yes," give name of employer, or kind of self-employment, or name of school and hours spent working or attending school or vocational training: \_\_\_\_\_

10. Are you claiming, receiving, applied for or do you plan to apply for:

- a. Social Security YES ( ) NO ( )
b. Pension YES ( ) NO ( )
c. Worker's Compensation (Industrial injury) YES ( ) NO ( )
d. Educational assistance YES ( ) NO ( )
e. Disability benefits YES ( ) NO ( )

If you answered "yes" to any of the above, explain: \_\_\_\_\_

11. Do you have minor children, aged or sick members in your family living with you? YES ( ) NO ( )

If "Yes," who will care for them if you should go to work?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

12. What do you feel have been your major problems in finding a job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

