

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

Molokai Claims Office
55 Makaena St. Rm 4
Kaunakakai, HI 96748

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

APPLICATION FOR DETERMINATION OF INSURED STATUS

FOR OFFICE USE ONLY

Please Print

- 1. SOCIAL SECURITY ACCOUNT NUMBER
2. NAME: LAST FIRST MIDDLE
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.
8. Will you be referred to your next job by a labor union?
9. Did you work this week?
10. Are you required to make or do you owe child support payments?

CLAIM: IC AC Raopen
PROGRAM: REG EB OTHER
FILE DATE:
BYB/EFF DATE:
LO: PART/TIME T P B
TRANS: Y N OCC
RACE: W B I S H C F J O A P
ETHNIC: 1 2 3
M.C. INSTRUCTIONS GIVEN
PAMPHLET GIVEN
BRI GIVEN
SSN VERIFIED
STOP MONETARY

REMARKS

SAB
2016

FOR OFFICE USE ONLY

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.

Grid for SF-8 Based/Issued and Charge Code

EMPLOYER NAME, ADDRESS, PLACE EMPLOYED, PH. NO., EMPLOYMENT TYPE

From to, Type of work, Reason for Separation, Explain

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EMPLOYER NAME, ADDRESS, PLACE EMPLOYED, PH. NO., EMPLOYMENT TYPE

From to, Type of work, Reason for Separation, Explain

- 12. Were you a director, officer, owner or shareholder of a business or corporation within the past 15 months?
13. Have you claimed, received, or applied for unemployment benefits in the past year?

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.

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

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? _____

