

**VERIFICATION OF REGISTRATION WITH A REFERRING UNION**

Claimant's Name: <i>(print Last name, First name, MI)</i>	Island:
SSAN: <b>To speed processing please enter the last four digits of your SSAN</b>  XXX-XX-	For Agency use only.  Date Advised to Register:

You reported that you will obtain work through your union. **Please have an authorized union official submit the completed form via fax or email to your local claims office within 7 calendar days after filing your initial or additional claim for benefits.**

**INSTRUCTIONS TO CLAIMANT:** Complete the data above by filling in your name, the last four digits of your social security number, and your local unemployment office.

**IMPORTANT:** During the period you are filing claim certifications, you must remain an active member in good standing with your union and eligible for referrals through your union job placement service. Failure to comply as required may result in a denial of benefits.

<b>REGISTRATION WITH UNION:</b> (This must be completed by an authorized union official.)	
I certify that the above named claimant is an active member and is in good standing with the union (professional association) named below. This claimant is seeking work through our union, is eligible for union work referrals, has no restrictions on availability for union work during the customary hours, and has not refused any work. I agree to immediately report to the Department when the claimant is not in good standing, refuses an offer or referral of work, or is not ready, willing and available to work.	
Union Name: _____	Local: _____
Date Registered for Work: _____	Phone: _____
Comments: If not in good standing, refused a referral or offer of union work, or not ready, willing and able to work, please explain here. _____	
_____	
_____	
Signature of Union Validating Official: _____	Date: _____

See reverse side for local claims office contact information.

**UNEMPLOYMENT INSURANCE DIVISION**  
Local Claims Office Information

**Oahu**

**Oahu Claims Office**

**Liabile Interstate Unit**

Fax: (808) 586-8980

Email: [dlir.ui.oahu@hawaii.gov](mailto:dlir.ui.oahu@hawaii.gov)

**Hawaii**

**Hilo Claims Office**

Fax: (808) 974-4085

Email: [dlir.ui.hilo@hawaii.gov](mailto:dlir.ui.hilo@hawaii.gov)

**Kona Claims Office**

Fax: (808) 322-4828

Email: [dlir.ui.kona@hawaii.gov](mailto:dlir.ui.kona@hawaii.gov)

**Maui**

**Maui Claims Office**

Fax: (808) 984-8444

Email: [dlir.ui.maui@hawaii.gov](mailto:dlir.ui.maui@hawaii.gov)

**Kauai**

**Kauai Claims Office**

Fax: (808) 274-3046

Email: [dlir.ui.kauai@hawaii.gov](mailto:dlir.ui.kauai@hawaii.gov)