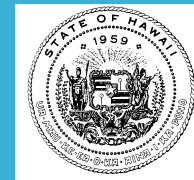


# Instructions for Filing Unemployment Using the Online PDF Form

State of Hawaii  
Department of Labor and Industrial Relations  
Unemployment Insurance Division



- File an Initial Claim for Unemployment Benefits

Part 1:

Go online to  
HUICLAIMS

Go to:

<http://huiclaims.hawaii.gov>

Click On:  
“For New Claims,  
Please Complete  
this Form”

hawaii.gov

State of Hawaii, Department of Labor and Industrial Relations  
**Unemployment Insurance**

English 中文

We are experiencing a high volume of users, attempting to file claims, therefore your response time may be delayed, you may receive error messages and or dropped connections. We apologize for any inconvenience and encourage you to try again later.

**For Claimants**

For New Claims, Please Complete This Form

- Create Account ([How To](#))
- Apply for Benefits ([How To](#))
- Reactivate an Existing Claim
- File a Claim Certification ([How To](#))
- Check Claim or Payment Status
- File or View Appeals
- Update Personal Information
- Direct Deposit
- [点击此处申请福利](#)

[Get started](#)

**For Employers**

- Create Online User/Login
- Register a New Business
- Reactivate a UI Account
- View Account Data
- Authorize a Service Company
- File Low Earning Report
- File or View Appeals

[Get started](#)

**For Service Company**

- Check Tax Rates
- Create Online Profile/Login
- Submit Bulk Contribution and Quarterly Wages report
- Pay Taxes Online

[Get started](#)

Claimant Services

Employer Services

Service Company

Contact

# Complete the Application for Determination of Insured Status

## APPLICATION FOR DETERMINATION OF INSURED STATUS UC-BP-1 (Rev. 03/20/2020)

First Name: Joe Middle: J Last Name: Aloha

Social Security Number: \*\*\* - \*\* - 2578 Other Name Worked Under Optional: \_\_\_\_\_

Address: 1234 Mahalo Avenue Email Address: joejoealoha@outlook.com

City: Honolulu State: Hawaii Zip Code: 96812 Telephone Number: (808) 555-1234

Sex:  Male  Female Marital Status:  Single  Married  Divorced  Widowed  Separated

Number of Dependents: 0 (None) Years of Education: 17 or more Date of Birth: 04/09/1970

I certify, under the penalty of perjury, that I am a citizen or national of the U.S. ....  YES  NO

Will you be referred to your next job by a labor union? .....  YES  NO

Did you work this week? .....  YES  NO

Are you required to make or do you owe child support payments? .....  YES  NO

### 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	Start Dt	End Dt
STATE LABOR DEPT	04/09/2018	03/20/2020

# Screen Shots of the Application

## Work Record

Are you required to make or do you owe child support payments? .....  YES  NO

### 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 STATE LABOR DEPT	Start Dt 04/09/2018	End Dt 03/20/2020
Address 830 Punchbowl Street	Type of Work Complaint Investigation	Reason for Separation Laid Off - Lack of Work
City Honolulu	State Hawaii	Zip Code 96813-
Place Employed HCRC	Phone Number (833) 901-2272	Employment Type <input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
Is your unemployment a result of COVID-19? Yes		

[+ Add Another Employer](#)

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

### ELIGIBILITY REVIEW QUESTIONNAIRE

UC-BP-24 (Rev. 03/2020)

- 1. Have you ever filed for unemployment insurance previously? .....  YES  NO
- 2. Are you available to accept full-time work? .....  YES  NO
- 3. What kind of work did you perform on your last job?

# Screen Shots of the Application

## Eligibility Review Questionnaire Part 1

### ELIGIBILITY REVIEW QUESTIONNAIRE

UC-BP-24 (Rev. 03/2020)

1. Have you ever filed for unemployment insurance previously? .....  YES  NO

2. Are you available to accept full-time work? .....  YES  NO

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

Complaint Investigation

a. How long did you work at your last job?

2 years

b. What days did you work?

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

c. What were your hours?

40

d. What was your rate of pay?

an hour; 3000 a month.

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

Legal

a. How long did you work in this capacity?

15 years

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

Any

a. What is the lowest pay you will accept?

an hour; 2500 a month.

b. Select the days of the week that you are willing to work:

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

c. During what hours of the above days are you willing to work?

40

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

# Screen Shots of the Application

## Eligibility Review Questionnaire Part 2

- 
6. Do you expect to obtain work through a Labor Union? .....  YES  NO
- c. Would you accept nonunion work?  YES  NO
7. Has any employer offered you work since you became unemployed? .....  YES  NO
8. Has the State Workforce Development Division offered you a referral to work since you became unemployed?  YES  NO
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
10. Are you claiming, receiving, applied for or do you plan to apply for:
- a. Pension  YES  NO
- b. Worker's Compensation (industrial injury)  YES  NO
- c. Educational assistance  YES  NO
- d. Disability benefits  YES  NO
- 

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF UNEMPLOYMENT INSURANCE BENEFITS

UC-BP-DD1 (Rev. 03/2020)

This authority is to remain in full force and effect until UID has received written notification from me, of its termination in such time and in such manner as to afford UID and the Financial Institution a reasonable opportunity to act on it. I further acknowledge and agree to the terms and conditions on page 2.

#### CHECK ONE

**NEW** (New Direct Deposit Participant)  **CHANGE** (Financial Institution and/or Account #)

I hereby authorize the Hawaii Unemployment Insurance Division, hereinafter called UID, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and my financial institution named below, to credit and/or debit the same to such account.

NOTE: Due to the time required for UID and bank processing, please allow one or two pay periods for processing.

Financial Institution (US only)

Branch

# Screen Shots of the Application

## Authorization Agreement for Direct Deposit of Unemployment Insurance Benefits

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF UNEMPLOYMENT INSURANCE BENEFITS

UC-BP-DD1 (Rev. 03/2020)

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**NOTE:** Due to the time required for UID and bank processing, please allow one or two pay periods for processing.

Financial Institution (US only)	Branch	
<input type="text" value="Aloha Bank"/>	<input type="text" value="Mahalo"/>	
Address		
<input type="text" value="1234 Aloha Oe Way"/>		
City	State	Zip Code
<input type="text" value="Honolulu"/>	<input type="text" value="Hawaii"/>	<input type="text" value="96812-"/>
Transit Routing Number	Account Number Information	Account Type
<input type="text" value="12345678"/>	<input type="text" value="12345678910"/>	<input checked="" type="radio"/> CHECKING <input type="radio"/> SAVINGS

- 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



# Screen Shots of the Application

## Check One: Enter Banking Information

and the Financial Institution a reasonable opportunity to act on it. I further acknowledge and agree to the terms and conditions on page 2.

### CHECK ONE

NEW (New Direct Deposit Participant)  CHANGE (Financial Institution and/or Account #)

I hereby authorize the Hawaii Unemployment Insurance Division, hereinafter called UID, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and my financial institution named below, to credit and/or debit the same to such account.

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Address		
<input type="text" value="1234 Aloha Oe Way"/>		
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Transit Routing Number	Account Number Information	Account Type
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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.

Submit My Initial Claim Application

# Screen Shots of the Application

After reviewing all of the information, click “Submit My Initial Claim Application”

and the Financial Institution a reasonable opportunity to act on it. I further acknowledge and agree to the terms and conditions on page 2.

### CHECK ONE

NEW (New Direct Deposit Participant)  CHANGE (Financial Institution and/or Account #)

I hereby authorize the Hawaii Unemployment Insurance Division, hereinafter called UID, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and my financial institution named below, to credit and/or debit the same to such account.

NOTE: Due to the time required for UID and bank processing, please allow one or two pay periods for processing.

Financial Institution (US only)	Branch	
Aloha Bank	Mahalo	
Address		
1234 Aloha Oe Way		
City	State	Zip Code
Honolulu	Hawaii	96812-
Transit Routing Number	Account Number Information	Account Type
12345678	12345678910	<input checked="" type="radio"/> CHECKING <input type="radio"/> SAVINGS

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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.

Submit My Initial Claim Application

# After Submitting the PDF

After submitting  
the application,  
this message will  
appear.



State of Hawaii, Department of Labor and Industrial Relations  
Unemployment Insurance

## Congratulations!

You have successfully submitted your Initial Claim Application.

You should get an email in the next few days confirming your submission  
as well as a notification of the status of your application.

Thank you for your attention!

If you have additional questions about the claims filing process, please contact your local office.

## Local Claims Office Contact Information:

### Oahu Claims Office

Phone: (808) 586-8970

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

### Maui Claims Office

Phone: (808) 984-8400

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

### Kauai Claims Office

Phone: (808) 274-3043

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

### Hilo Claims Office

Phone: (808) 974-4086

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

### Kona Claims Office

Phone: (808) 322-4822

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