

Unemployment Insurance: Claims Process

Purpose

This document describes the process and required forms for reporting and filing unemployment insurance claims.

Process

The New York State (NYS) Unemployment Insurance claims process consists of the following steps:

Step	Who Is Responsible	Action
1	Operating Location	Complete "Record of Employment" Form IA 12.3 and provide to employee at termination.
2	Department of Labor (DOL)	Send operating location Form LO-400, "Notice of Entitlement and Potential Charges."
3	Operating Location	Review Form LO-400 and, if necessary, return it to DOL.
4	DOL and Central Office	Claims Determination Notification
5	Employee, Operating Location, or Central Office	Appeal the claim (if necessary)
6	Operating Locations and Central Office	Monitor the claim

Each step is described in the sections that follow.

Record of Employment Form

The "Record of Employment" form (IA 12.3), which should be given to the employee at termination, provides proof of employment. Operating locations should complete the lower section of the form marked "To be filled in by Employer."

For the latest version of the form, refer to the "Record of Employment" form. Also refer to the section "How to Order Forms and Booklets" in the procedure "[Providing Information to Employees at Termination](#)."

Review of DOL Form LO-400

Upon receipt of Form LO-400, "Notice of Entitlement and Potential Charges," sent from the DOL as a result of a terminated employee's application for unemployment benefits, operating locations should take the following actions:

1. verify form content for accuracy
2. based on the results of the review, determine if the form should or should not be returned to DOL
3. return the form to DOL (if necessary).

These steps are further explained in the table below.

Step	Action
1	<p>Verify all information contained on the LO-400 claim form. Ask the following questions as the review is being performed:</p> <ul style="list-style-type: none"> • Was the form mailed to the correct operating location address? <ul style="list-style-type: none"> • If yes, proceed with review of the form. • If no, note discrepancy on the form and return it to DOL. Go to Step 3. • Was the applicant a regular covered employee? <p>Note: Fellowship recipients are not eligible.</p> <ul style="list-style-type: none"> • If yes, proceed with review of the form. • If no, note discrepancy on the form and return it to DOL. Go to Step 3. • If the applicant was not on the RF payroll, was he or she paid by purchase order as an independent contractor? <ul style="list-style-type: none"> • If yes, make note of this on the form in Section III and go to step 3. • If no, proceed with review of the form. • Is Section 1D, Total Base Period Wages Paid by You, for each quarter accurate? The base period is the first four out of the last five completed calendar quarters prior to the benefits claim filing. The claimant must have wages in at least two calendar quarters of the base period with at least \$1,600 in wages in the highest quarter, and • been paid at least 1 1/2 times the highest quarter wages. Note: If this requirement is not met, he or she is ineligible. [e.g., \$1,600 x 1 1/2 = \$2,400 (minimum wage total for 4 quarters)]. <ul style="list-style-type: none"> • If yes, go to step 2. • If no, note discrepancy on the form and return it to DOL. Go to Step 3.
2	<p>From the review performed in Step 1, determine if any DOL information contained in the LO-400 claim form does not agree with information known by the RF. If the claim form is incorrect (or "in dispute"), operating locations must respond to DOL within a period of 30 days from the date the claim form was mailed (DOL postmark).</p> <p>Note: If lump sum vacation payment was made after termination of employment, it does not have to be listed in Section III E of the form.</p> <ul style="list-style-type: none"> • The claim should be returned (disputed) within 30 days if <ul style="list-style-type: none"> • there is a known reason why the claim should not be paid. • the quarterly amounts in the Total Base Period Wages Paid By You are incorrect. Note: Section 4D on the back of the form provides instructions on how to make corrections. • the applicant is currently working. • The claim need not be returned if <ul style="list-style-type: none"> • the quarterly salary information provided on the claim form is accurate. • the termination reason is not one of the reasons indicated in Section III of the form.

	there is no known reason why the former employee should not collect unemployment insurance benefits.
3	<p>If the original LO-400 form is inaccurate and needs to be returned to the DOL (e.g., wrong operating location or claim in dispute), either</p> <p>Mail to: New York State Department of Labor PO Box 15130 Albany, New York 12212-5130</p> <p>Fax to: (518) 457-9843</p> <p>Note: A new 30-day response period will apply if the form was mailed to the wrong operating location.</p>
4	If the form is accurate, file the original LO-400 form in the former employee's personnel file at the operating location.

RF Maximum Charge

Operating locations are not required to calculate the RF maximum charge.

Request for Copy of the LO-400 Form

Central office will perform a monthly review for benefit recipients with a first-time appearance on the "Notice of Benefit Reimbursement Charges," (IA-96 R). See the section "Monitoring Report IA-96-R." Based on the results of the monthly review, central office may request a copy of the LO-400 claim form from the benefit recipient's operating location. The form will be used to verify the reported reimbursement charge. In the event of an inaccuracy, central office will contact DOL for an adjustment of the report charge. Operating locations will be notified of any changes. DOL will ensure the employee is advised of any adjustment in his or her benefit amount.

The following chart shows, for informational purposes only, how the RF maximum charge is determined:

If the RF is the last employer and sole base period employer...	If the RF is not the last employer or sole base period employer...
the RF will be charged based on 1/26th of the highest quarter salary.	<p>the RF will be charged as follows:</p> <p>RF % of the Total = Divide the Total Base Period Wages Paid by You (Section 1D) by the Total Base Period Wages (Section 1E)</p> <p>RF Charge for weeks 8-26 = Multiply the result by the Rate (Section 1B)</p> <p>RF maximum charge = Multiply 19 weeks by the Rate (Section 1B)</p> <p>Note: If an employee has other employer base period salary, as indicated on LO-400, it is not possible to determine the highest quarter earnings in the base period nor how the benefit rate in Section 1B was determined.</p>

Claims Determination Notification

Once the DOL has received the claims request and the employee's and employer's statements are in agreement, the following action will be taken by the DOL.

If the claim is approved, the employee's name will appear on the monthly DOL "Notice of Benefit Reimbursement Charge" Form (IA-96-R), which is sent to central office. A monthly report reflecting this information will be provided to the operating location. (Refer to the Monitoring Report IA-96-R section in this document for information on monitoring claims.)

If there is a discrepancy in the information provided by the employee and the information provided in the employer's statement, the operating location will receive either of the following from the DOL:

1. Notification that the claimant is eligible. DOL will send a "Notice of Determination that Claimant is Eligible" form (LO-21). This form
 - advises the operating location that the individual is eligible for unemployment benefits.
 - advises whether to attend a hearing.
 - advises whether an appeal could be made.

Note: If the operating location does not appeal, the RF is obligated to reimburse NYS for the amount equal to the amount paid to the employee. Documentation should be added to the terminated employee's file to indicate why an appeal was not made. Refer to the "Appealing a Claim" section below for more information.

OR

2. The operating location will receive a "Notice of Determination of Claimant" form (LO-412) noting the reason(s) why the claim was denied.

Appealing a Claim

The following describes how an employee, the operating location, and central office would proceed in the appeal process:

Employee

A terminated employee has the right to appeal a claim in accordance with DOL guidelines. For answers to "Frequently Asked Questions (FAQs)," see the DOL Web site at <https://www.labor.state.ny.us/ui/faq.shtm>.

Operating Location

If a claim has been appealed by an employee and the ruling made by DOL is disputed by an operating location, a written response must be sent to DOL within 20 days from the date the ruling was received.

In preparation for a hearing, the following is required by the DOL:

- proof of a terminated employee's RF employment during the base period.
- the Research Foundation's name and address where payroll records are kept and the RF's registration number.

For more information, see the DOL Web site at <https://www.labor.state.ny.us/ui/claimantinfo/hearingfaq.shtm>.

Central Office

If requested by the operating location, central office will provide legal counsel for the appeal of a claim.

Monitoring Report IA-96-R

The DOL "Notice of Benefit Reimbursement Charges" (IA-96-R) is received by central office on a monthly basis. Operating locations are provided with a monthly report from central office of employees receiving unemployment benefit compensation. Refer below to the "Sample Report" section below for a sample report.

If the operating location does not agree that an employee should receive benefits or disagrees with the benefit amount, the disagreement should be noted on the report, which should then be returned to central office. Central office will make an inquiry with DOL concerning the reimbursement charge, will notify the operating location that an inquiry is being made, and subsequently inform the operating location of the outcome. In the event of an inaccurate charge, the RF will receive a credit from DOL.

Sample Report - Employee Unemployment Records (by location)

29-Dec-06

SSN	Lname	Fname	I-96 Date	Week Ending	Amount
Location: 150					
333-33-3333	LONG	Michelle	10/17/06	10/8/06	\$238.00
			11/21/06	11/5/06	\$238.00
			11/28/06	11/19/06	\$238.00

Change History

- **April 19, 2006** - Reformatted, renamed the file from BE-A-234, and other minor edits.

Feedback

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