

**Filing an  
Initial Claim  
for  
Pandemic Unemployment  
Assistance**

# Pandemic Unemployment Assistance

Pandemic Unemployment Assistance (PUA) is a program under the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020.

**PUA** provides unemployment assistance to workers who are **not eligible for regular Unemployment Insurance** (UI) compensation.

Eligible workers include:

- Self-employed, 1099 contract workers, and gig workers
- Employees whose wages are not reported for unemployment insurance
- Employees who have not earned enough wages or worked enough hours for regular unemployment benefits, and
- People who were going to start work but could not.

This document will help you navigate the **initial claim application**.

If you believe you may be eligible for a **regular UI claim**, you should file a claim using the [online claim system](#).

If the Oregon Employment Department determines you are not eligible for a regular UI claim, you will be able to apply for PUA assistance.

If you know **you are not eligible for regular UI** and are seeking benefits under this new program, please apply for PUA.


To apply online,  
please visit our  
[online claim system](#)  
and select Pandemic  
Unemployment  
Assistance.



Have questions about filing your unemployment insurance claim and potential benefits? Please review our [COVID-19](#) page for information, including frequently asked questions and video tutorials. If you still have questions please send a detailed message to [Get help](#) and we will respond as soon as possible.  
¿Tiene preguntas acerca de cómo presentar su reclamo de desempleo y beneficios potenciales? Por favor vea nuestra página de información del [COVID-19](#) en español que incluye preguntas frecuentes y tutoriales en video.

If you want to learn more about or apply for Pandemic Unemployment Assistance (PUA) program, visit [here](#).

Welcome to Your Online Claim System <span style="float: right;"><a href="#">Español</a></span>	
<a href="#">File Your New Claim</a>	Establish a new claim for Oregon unemployment benefits. <a href="#">Help</a>  If you are filing due to COVID-19, <a href="#">please watch this training video</a> .
<a href="#">Claim a Week of Benefits</a>	Claim a week of unemployment benefits once your claim is established. Just like claiming by phone but easier! * Please see notes below. <a href="#">Help</a>  If you completed your New Claim this week, please wait until Sunday to Claim a Week of Benefits. If you are out of work due to COVID-19, <a href="#">please read the FAQs</a> prior to claiming a week of benefits.
<a href="#">Pandemic Unemployment Assistance</a>	Pandemic Unemployment Assistance (PUA) Intake and Weekly Claims. <a href="#">Help</a>  For customers who wish to file their claim or weekly certifications in languages other than English, OED will be providing this online form in other languages soon. In the meantime, please call Worksystem at 1-503-606-6969 for free assistance in other languages.
<a href="#">Extension (PEUC)</a>	Pandemic Emergency Unemployment Compensation (PEUC) Intake and Weekly Claims. <a href="#">Help</a>
<a href="#">Status of Weekly Report</a>	See the status of your current weekly claim report (if claimed by Internet or phone) <a href="#">Help</a>  Please note: This system is only updated once per day. Please wait until the next business day before checking again.
<a href="#">Status of Your Claim and Weekly Reports</a>	View your weekly payment details, claim balance and expiration date, work search records, and UI Basics Review results.  Please note: This system is only updated once per day. Please wait until the next business day before checking again.  <b>IMPORTANT:</b> The status of your claim will not be available until your claim has been processed. <a href="#">Help</a>

 For customers who wish to file their claim or weekly certifications in languages other than English, Oregon Employment Department will be providing this online form in other languages soon. In the meantime, please call Worksystem at [1-503-606-6969](tel:1-503-606-6969) for free assistance in other languages.

The Pandemic Unemployment Assistance (PUA) program provides unemployment benefits to self-employed, contract, and other workers who cannot get regular Unemployment Insurance (UI).

If you were laid off by your employer, you likely qualify for regular UI. Please file initial or weekly claims for regular benefits using our [Online Claim System](#).

Have questions about filing your PUA claim and potential benefits? Please review our COVID 19 page for PUA information, including frequently asked questions and video tutorials.



Sign in

SIGN IN

[Don't have an account? Sign Up](#)

[Forgot Pin?](#)



If you already have a login for the online claim system, please use your login credentials to log into the PUA online application.

If you have not used the online claim system, please register by selecting the **Sign Up link** below the **SIGN IN** button.



## Welcome to your online claim system



[FILE YOUR NEW CLAIM](#)

Establish a new claim for Oregon Pandemic Unemployment Assistance.

[CLAIM A WEEK OF BENEFITS](#)

If you have filed a claim application, you still need to submit a weekly claim in order to request benefits. For each week you want to file for weekly benefits, you must certify that you meet the eligibility requirements. Until you claim at least one week of benefits, NO payments or decisions will be made on your claim. If you completed your New Claim this week, please wait until Sunday to claim a week of benefits.

To begin filing your claim, please select **FILE YOUR NEW CLAIM.**

Initial Application For Pandemic Unemployment Assistance (PUA)

APPLICANT INFORMATION

First Name \* Middle Name Last Name \*

SSN \*  DOB \*

Address 1 \* Phone Number \*

Address 2 Email Address

City \* State \* Zip Code \*

Preferred Method of Contact

Phone  
 Email

Gender

Male  
 Female

Due to federal reporting requirements and system limitations, only Male and Female options are currently available. However, there will be no delay in processing your claim if the gender selection does not match what is on file with the Social Security Administration.

Are you of Hispanic or Latino ethnicity?

Yes  
 No

Race (Check all that apply)

American Indian or Alaska Native  
 Asian  
 Hawaiian Native or Other Pacific Islander  
 White  
 Black or African American  
 Other

We verify all social security numbers through a computer match with the Social Security Administration. Your Pandemic Unemployment Assistance application and payments will take longer to process if this match is not successful.

The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming unemployment compensation. Your Social Security Number will be used to report your unemployment benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. The number will be sent to the Social Security Administration for identity verification. The number may be used for state agency debt collection activities and may be sent to U.S. Bank to issue you a ReliaCard VISA card through which you will be paid benefits.



NEXT

Please provide your personal information. Your information is needed to verify your identity and establish a PUA claim.

For name and sex: Please use the name that is currently on file with the Social Security Administration.

Due to federal reporting requirements and system limitations, only Male and Female options are currently available.

There will not be a delay in processing your claim if the gender selection does not match what is on file with the Social Security Administration.

When you are done, select **Next**.

OREGON.GOV Pandemic Unemployment Assistance

Initial Application For Pandemic Unemployment Assistance (PUA)

Missing one or more required field

### APPLICANT INFORMATION

**First Name \*** Middle Name **Last Name \***

Value is required Value is required

SSN \*  **DOB \***

Value is required Value is required

**Address 1 \*** **Phone Number \***

Value is required Value is required

Address 2 Email Address

**City \*** **State \*** **Zip Code \***

Value is required Value is required Value is required

Preferred Method of Contact

Phone

Email

Gender

Male

Female

Due to federal reporting requirements and system limitations, only Male and Female options are currently available. However, there will be no delay in processing your claim if the gender election does not match what is on file with the Social Security Administration.

Are you of Hispanic or Latino ethnicity?

Yes

No

**IMPORTANT:** Required fields are marked with an asterisk.

You will not be able to proceed without completing all required fields on the form.



Please **provide all of your employment history**, including any self-employment you have done **during the last 18 months**.

To add an employer, please select **ADD EMPLOYMENT RECORD** and complete the pop up box that appears for each record.

This information will be used to verify your employment along with any proof of earnings you provide in order **to be considered for a higher weekly benefit amount**.

Once you have finished entering all of your employment history, select **NEXT** to continue to the next screen.

If you do not have any employment, please select **NEXT** to continue to the next screen.

The screenshot shows the Oregon.gov website for Pandemic Unemployment Assistance. The main heading is "Initial Application For Pandemic Unemployment Assistance (PUA)". The page is divided into sections: A. APPLICANT INFORMATION, B. APPLICANT EMPLOYMENT, C. ELIGIBILITY QUESTIONS, D. SELF-EMPLOYMENT INFORMATION, E. AUTHORIZATION FOR TAX WITHHOLDING, F. RETROACTIVE FILING, G. RELIACARD DISCLOSURE, H. MISREPRESENTATION, I. ADDITIONAL DOCUMENTS, and J. APPLICANT CERTIFICATION. Section B is currently active, with a sub-heading: "In order to complete the amount of my weekly entitlement to pandemic unemployment assistance, I CERTIFY that I had the following employment and/or self-employment during the last 18 months." Below this is a large blue button with a white plus sign and the text "ADD EMPLOYMENT RECORD". An orange arrow points from this button to a white pop-up form titled "Employment record". The pop-up form has two radio buttons: "Employment" (selected) and "Self-Employment". It contains several input fields: "Name of Employer \*", "Phone Number \*", "Address 1 \*", "Address 2", "City \*", "State \*" (a dropdown menu), "Zip Code \*", "Started \*" (with a calendar icon), and "Ended \*" (with a calendar icon). At the bottom of the pop-up are two buttons: "ACCEPT" and "CANCEL". In the background, to the right of the pop-up, there are "BACK" and "NEXT" buttons.

You must answer the eligibility questions in this section. This information is used to determine your eligibility for PUA.

Each question may have additional sub questions that appear depending on your answers. These sub-questions are used to gather additional needed information.

See example to the right.



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**C** ELIGIBILITY QUESTIONS

1. Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?  YES  NO

Did you apply for, receive, or would you be eligible to receive if you had ever applied for:

2. Unemployment compensation under any State or Federal law?  YES  NO

3. Any amounts for loss of wages due to illness or disability?  YES  NO

4. Any type of private income protection insurance?  YES  NO

5. Any amount as a supplemental unemployment benefit (SUB)?  YES  NO

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

**C** ELIGIBILITY QUESTIONS

1. Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?  YES  NO

a. If "YES", please enter the date you were expected to start work.

b. If "YES", please enter the date your new job closed.

c. If "YES", please enter the name of the business.

### Initial Application For Pandemic Unemployment Assistance (PUA)

- ✓ APPLICANT INFORMATION
- ✓ APPLICANT EMPLOYMENT
- ⓐ ELIGIBILITY QUESTIONS

1. Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?  YES  NO

Did you apply for, receive, or would you be eligible to receive if you had ever applied for:

2. Unemployment compensation under any State or Federal law?  YES  NO

3. Any amounts for loss of wages due to illness or disability?  YES  NO

4. Any type of private income protection insurance?  YES  NO

5. Any amount as a supplemental unemployment benefit (SUB)?  YES  NO

6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?  YES  NO

7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?  YES  NO

8. Has a member of your household been diagnosed with COVID-19?  YES  NO

9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?  YES  NO

Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your job because doing so would require the violation of the Stay Home. Save Lives. order, or the employer has closed the place of employment.

Answer **YES** if you do not have a job because the employer postponed the job offer as a direct result of the COVID-19 public health emergency.

Answer **YES** if you do not have a job because the employer rescinded the job offer as a direct result of the COVID-19 public health emergency.

**Did you apply for, receive, or would you be eligible to receive if you had ever applied for:**

(2) Answer **YES** if you worked in another state, and would be eligible for unemployment benefits if you filed there.

(3) Answer **YES** if you would be eligible to receive workers compensation or disability pay.

(4) Answer **YES** if you would be eligible to receive any insurance benefit from being unable to work for a period of time because of illness or injury.

(5) Answer **YES** if you were paid benefits in accordance with a collective bargaining agreement, such as extended layoff benefits or furlough benefits. These are payments that are not wages, but provided as part of a supplemental unemployment benefit.

**Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?**

Answer **YES** if you are receiving or applied for and expect to receive retirement pay within the next 12 months.

**OREGON.GOV** Pandemic Unemployment Assistance ENGLISH

**ELIGIBILITY QUESTIONS**

1. Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?  YES  NO

Did you apply for, receive, or would you be eligible to receive if you had ever applied for:

2. Unemployment compensation under any State or Federal law?  YES  NO

a. If "YES", when did you apply?

b. If "YES", in what state or county did you apply?

c. If "YES", were you approved for payment?  YES  NO

3. Any amounts for loss of wages due to illness or disability?  YES  NO

4. Any type of private income protection insurance?  YES  NO

5. Any amount as a supplemental unemployment benefit (SUB)?  YES  NO

6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?  YES  NO

7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?  YES  NO

8. Has a member of your household been diagnosed with COVID-19?  YES  NO

**Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?**

Answer **YES** you have been diagnosed with COVID-19 by a qualified medical professional.

Answer **YES** if you are experiencing symptoms of COVID-19 and you are seeking a medical diagnosis.

Answer **NO** if you are not experiencing symptoms.

Answer **NO** if you are experiencing symptoms, but you are not seeking a medical diagnosis.

**Has a member of your household been diagnosed with COVID-19?**

Answer **YES** if a member of your household has been diagnosed as having COVID-19 by a qualified medical professional.

Answer **YES** if a member of your household has tested positive for COVID-19 and you are unable to work as a result.

Answer **NO** if a member of your household is experiencing symptoms but has not yet been diagnosed with COVID-19.

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6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?  YES  NO

7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?  YES  NO

8. Has a member of your household been diagnosed with COVID-19?  YES  NO

9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?  YES  NO

10a. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

10b. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

11. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?  YES  NO

12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency?  YES  NO

13. Have you quit a job as a direct result of COVID-19?  YES  NO

14. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?  YES  NO

15. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?  YES  NO

16. Do you have the ability to continue to receive payment from your employer while working from home?  YES  NO



**Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?**

Answer **YES** if the care requires such ongoing and constant attention that your ability to perform other work functions is severely limited.

Answer **NO** if you are assisting a family member who is able to adequately care for themselves.

**Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?**

Answer **YES** if you are required to remain at home to provide care for the child or other person in the household.

Answer **YES** if your job allows for telework, but the amount care requires such ongoing and constant attention that it is not possible for you to perform work at home.

Answer **NO** if the child or other person is able to adequately care for themselves.

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6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?  YES  NO

7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?  YES  NO

8. Has a member of your household been diagnosed with COVID-19?  YES  NO

9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?  YES  NO

10a. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

10b. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

11. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?  YES  NO

12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency?  YES  NO

13. Have you quit a job as a direct result of COVID-19?  YES  NO

14. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?  YES  NO

15. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?  YES  NO

16. Do you have the ability to continue to receive payment from your employer while working from home?  YES  NO

**Is there a child or other person in the household, for whom you have the primary caregiving responsibility, who is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?**

Answer **YES** if you are required to remain at home to provide care for the child or other person in the household.

Answer **YES** if your job allows for telework, but the amount care requires such ongoing and constant attention that it is not possible for you to perform work at home.

Answer **NO** if the child or other person is able to adequately care for themselves.

**Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?**

Answer **YES** if the head of household previously contributed the majority of financial support, has died as a direct result of COVID-19, and you are now the person in the household expected to provide financial support.

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?  YES  NO

7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?  YES  NO

8. Has a member of your household been diagnosed with COVID-19?  YES  NO

9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?  YES  NO

10a. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

10b. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

11. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?  YES  NO

12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency?  YES  NO

13. Have you quit a job as a direct result of COVID-19?  YES  NO

14. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?  YES  NO

15. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?  YES  NO

16. Do you have the ability to continue to receive payment from your employer while working from home?  YES  NO

## Has your place of employment closed as a direct result of the COVID-19 public health emergency?

Answer **YES** if your employer shut down due to an emergency declaration or due to necessary social distancing protocols.

## Have you quit a job as a direct result of COVID-19?

Answer **YES** if you have been diagnosed with COVID-19 by a qualified medical professional or were experiencing symptoms and seeking a diagnosis, but your employer was unable to accommodate your situation by allowing you to work from home or take time off and you had to leave work.

Answer **YES** if you had to care for another individual either because they were ill or because their normal care facility was closed (such as daycare/school or eldercare), and you had to quit work because your employer could not accommodate your situation by allowing you to work from home or take time off.

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?  YES  NO

7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?  YES  NO

8. Has a member of your household been diagnosed with COVID-19?  YES  NO

9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?  YES  NO

10a. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

10b. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

11. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?  YES  NO

12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency?  YES  NO

13. Have you quit a job as a direct result of COVID-19?  YES  NO

14. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?  YES  NO

15. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?  YES  NO

16. Do you have the ability to continue to receive payment from your employer while working from home?  YES  NO



**Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?**

Answer **YES** if you have been advised by a qualified medical professional that you may be infected with the coronavirus and that you should self-quarantine.

Answer **YES** if you had direct contact with another person who has tested positive for the coronavirus or been diagnosed with COVID-19 by a qualified medical professional, and have been advised by a health care provider to self-quarantine to prevent further possible spread of the virus. Such circumstances would render you unable to reach your place of employment.

Answer **YES** if your immune system is compromised because of a serious health condition and you have been advised by a health care provider to self-quarantine in order to avoid the greater-than-average health risks that you might face if you were to become infected by the coronavirus.

OREGON.GOV **Pandemic Unemployment Assistance** ENGLISH

6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?  YES  NO

7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?  YES  NO

8. Has a member of your household been diagnosed with COVID-19?  YES  NO

9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?  YES  NO

10a. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

10b. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

11. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?  YES  NO

12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency?  YES  NO

13. Have you quit a job as a direct result of COVID-19?  YES  NO

**14. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?  YES  NO**

15. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?  YES  NO

16. Do you have the ability to continue to receive payment from your employer while working from home?  YES  NO



### Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your place of employment because doing so would require the violation of the Stay Home. Save Lives. order.

### Do you have the ability to continue to receive payment from your employer while working from home?

Answer **YES** if you have been offered the option of continuing to work for pay by teleworking and have refused such offer.

Answer **YES** if you have been offered the option of continuing to work for pay by teleworking and have accepted the offer, but you are working less than what you were performing prior.

6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Has a member of your household been diagnosed with COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10a. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10b. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Have you quit a job as a direct result of COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Do you have the ability to continue to receive payment from your employer while working from home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



9. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?  YES  NO

10a. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend school as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

10b. Is there a child or other person in the household, for whom you have the primary caregiving responsibility, that is unable to attend a facility as a direct result of the COVID-19 public health emergency and such care is required for you to work?  YES  NO

11. Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?  YES  NO

12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency?  YES  NO

13. Have you quit a job as a direct result of COVID-19?  YES  NO

14. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?  YES  NO

15. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?  YES  NO

16. Do you have the ability to continue to receive payment from your employer while working from home?  YES  NO

17. Are you receiving paid sick leave or other paid leave benefits?  YES  NO

18. Are you currently self-employed?  YES  NO

If "YES", you MUST answer the questions in section D.

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### Are you receiving paid sick leave or other paid leave benefits?

Answer **YES** if you are receiving any paid leave benefits for your customary work hours. This includes sick leave, vacation, and any other paid leave.

### Are you currently self-employed?

Answer **YES** if you have performed any self-employment within the most recently completed tax year.

If you answer **YES**, you will be asked additional self-employment questions.



D SELF-EMPLOYMENT INFORMATION

1. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood?

YES  NO

2. What services did you perform?

3. Do you have a business name?

YES  NO

4. Do you file a business return? (Ex: Schedule C, 1120 or a 1065)

YES  NO

5. Do you determine how the work is to be performed?

YES  NO

6. Do you have the right to hire someone to help you perform your services?

YES  NO

7. Do you determine where the work is going to be performed?

YES  NO

8. Do you determine your rate of compensation?

YES  NO

9. Do you have an investment in tools, equipment, etc.?

YES  NO

10. Can the company you provide services to terminate you?

YES  NO

11. Do you have more than one client?

YES  NO

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NEXT

**At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood?**

Answer **YES** if at the time of the pandemic at least 50 percent of your income came from self-employment.

If you answer **NO**, please explain what your primary occupation, and primary means of livelihood was if it was not self-employment.

**What services did you perform?**

Please describe the type of services you perform for your business in the space below.

**Do you have a business name?**

If you answer **YES**, please provide the name of your business.

**Do you file a business return?**

Some business returns are a part of your personal income tax return.

Answer **YES** even if you are filing your business income with your personal return.



D SELF-EMPLOYMENT INFORMATION

1. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood?  YES  NO

2. What services did you perform?

3. Do you have a business name?  YES  NO

4. Do you file a business return? (Ex: Schedule C, 1120 or a 1065)  YES  NO

5. Do you determine how the work is to be performed?  YES  NO

6. Do you have the right to hire someone to help you perform your services?  YES  NO

7. Do you determine where the work is going to be performed?  YES  NO

8. Do you determine your rate of compensation?  YES  NO

9. Do you have an investment in tools, equipment, etc.?  YES  NO

10. Can the company you provide services to terminate you?  YES  NO

11. Do you have more than one client?  YES  NO

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NEXT

**Do you determine how the work is to be performed?**

Answer **YES** if you decide how you perform your work.

Answer **NO** if the company you provide services for determines how you perform your work.

**Do you have the right to hire someone to help you perform your services?**

Answer **YES** if you can hire employees for your business.

Answer **NO** if the company you provide services for does the staff hiring or strictly prohibits you from hiring others to assist you.

**Do you determine where the work is going to be performed?**

Answer **YES** if you determine where your work will be performed.

Answer **NO** if the company you provide services for determines where you will perform the work.





D SELF-EMPLOYMENT INFORMATION

1. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood?  YES  NO

2. What services did you perform?

3. Do you have a business name?  YES  NO

4. Do you file a business return? (Ex: Schedule C, 1120 or a 1065)  YES  NO

5. Do you determine how the work is to be performed?  YES  NO

6. Do you have the right to hire someone to help you perform your services?  YES  NO

7. Do you determine where the work is going to be performed?  YES  NO

8. Do you determine your rate of compensation?  YES  NO

9. Do you have an investment in tools, equipment, etc.?  YES  NO

10. Can the company you provide services to terminate you?  YES  NO

11. Do you have more than one client?  YES  NO

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**Do you determine your rate of compensation?**

Answer **YES** if you determine your rate of pay.

Answer **NO** if the company you provide services for determines your rate.

**Do you have an investment in tools, equipment, etc.?**

Answer **YES** if you have invested in tools, equipment, or anything else towards your business.

Answer **NO** if the company you provide services for provides the tools and equipment.

**Can the company you provide services to terminate you?**

Answer **YES** if the company or client(s) you provide services to can terminate your employment at any time.

**Do you have more than one client?**

Answer **YES** if you have more than one client and provide how many clients you have.



## Initial Application For Pandemic Unemployment Assistance (PUA)

- ✓ APPLICANT INFORMATION
- ✓ APPLICANT EMPLOYMENT
- ✓ ELIGIBILITY QUESTIONS
- ✓ SELF-EMPLOYMENT INFORMATION

### E AUTHORIZATION FOR TAX WITHHOLDING

Any unemployment insurance benefits you receive are fully taxable income if you are required to file a tax return. You may need to make estimated tax payments. For more information on estimated tax payments, contact the Internal Revenue Service. For state tax information, contact the Oregon Department of Revenue.

You may choose to have 10% of your benefits withheld for federal taxes and/or 6% for state taxes.

1. Do you choose to have 10% of your unemployment benefits withheld for federal income taxes?  YES  NO

2. Do you choose to have 6% of your unemployment benefits withheld for state income taxes?  YES  NO

This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.

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NEXT

- F RETROACTIVE FILING
- G RELIACARD DISCLOSURE
- H MISREPRESENTATION
- ADDITIONAL DOCUMENTS (OPTIONAL)

### Authorization for Tax Withholding

All benefits you receive under PUA are taxable income, if you are required to file a tax return.

You must authorize the Employment Department to withhold federal and/or state taxes from your unemployment insurance benefits if you would like taxes to be withheld.

## Retroactive Filing

Please submit your weekly benefits for each week you wish to claim under PUA.

PUA is payable beginning the week of February 2, 2020 or the first week you became out of work due to COVID-19, **whichever is later**.

For each week you claim, please provide:

- How many hours you worked
- Your total gross earnings before deductions
- The type of earnings received

If **you are employed as an employee**, report your hours and gross earnings in the week the work was **performed**, not when you are paid.

If **you are self-employed**, report any amounts **earned** during the week, regardless of when the services were performed. For example, gross pay could be for payments received that week for previous work completed.

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ENGLISH

### Initial Application For Pandemic Unemployment Assistance (PUA)

- ✓ APPLICANT INFORMATION
- ✓ APPLICANT EMPLOYMENT
- ✓ ELIGIBILITY QUESTIONS
- ✓ SELF-EMPLOYMENT INFORMATION
- ✓ AUTHORIZATION FOR TAX WITHHOLDING
- F** RETROACTIVE FILING
  - List below all weeks following the date of the pandemic that you are claiming PUA. Report gross earnings for each week.
  - + ADD A WEEK**
- G RELIACARD DISCLOSURE
- H MISREPRESENTATION
- ADDITIONAL DOCUMENTS (OPTIONAL)
- I APPLICANT CERTIFICATION

#### Add a Week

Week Ending \*

Hours Worked \*

Gross Earnings \*

Type of Earnings \*

**ACCEPT** **CANCEL**

enemployed due to the pandemic and for which self-employment.

**BACK** **NEXT**



## Did you apply for or receive:

If you answered **YES** to any of the sub questions, please provide the type of payment and period you received the payment for.

## Were you able and available for work during this week based on our state requirements?

Answer **YES** if you were able and available for work based on the Oregon Employment Department's current [temporary rules](#).

**Not sure?** Select the blue hyperlink above to review current rules.

## Are you currently impacted by the COVID-19 public health emergency?

Answer **YES** if you are currently impacted by the COVID-19 public health emergency.

**For example**, answer **YES** if you are unable to work because of COVID-19.

Answer **NO** if you are not currently impacted by the COVID-19 public health emergency.

If **YES**, please explain in the space below how you are currently impacted by the COVID-19 public health emergency.

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### F RETROACTIVE FILING

List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.

Week Ending: 07/04/2020  
Hours Worked: 30  
Gross Earnings: 200.00  
Type of Earnings: Self-employment

+  
ADD A WEEK

EDIT DELETE

For the weeks claimed above, answer the following questions.

1. Did you apply for or receive:

a. Any insurance payments for loss of wages due to illness or disability?  YES  NO

1b. Any payments from private income protection insurance?  YES  NO

1c. Any payments of a supplemental unemployment benefit?  YES  NO

1d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?  YES  NO

2. Were you able and available for work during this week based on our state requirements?  YES  NO

3. Are you currently impacted by the COVID-19 public health emergency?  YES  NO

4. Did you refuse any work during any of the weeks claimed above?  YES  NO

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F RETROACTIVE FILING

List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.

Week Ending: 07/04/2020  
Hours Worked: 30  
Gross Earnings: 200.00  
Type of Earnings: Self-employment

+  
ADD A WEEK

EDIT DELETE

For the weeks claimed above, answer the following questions.

1. Did you apply for or receive:

a. Any insurance payments for loss of wages due to illness or disability?  YES  NO

1b. Any payments from private income protection insurance?  YES  NO

1c. Any payments of a supplemental unemployment benefit?  YES  NO

1d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?  YES  NO

2. Were you able and available for work during this week based on our state requirements?  YES  NO

3. Are you currently impacted by the COVID-19 public health emergency?  YES  NO

4. Did you refuse any work during any of the weeks claimed above?  YES  NO

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NEXT

Did you refuse any work during any of the weeks claimed above?

Answer **YES** if an employer offered you work but you refused, regardless of the reason.



## Initial Application For Pandemic Unemployment Assistance (PUA)

- ✓ APPLICANT INFORMATION
- ✓ APPLICANT EMPLOYMENT
- ✓ ELIGIBILITY QUESTIONS
- ✓ SELF-EMPLOYMENT INFORMATION
- ✓ AUTHORIZATION FOR TAX WITHHOLDING
- ✓ RETROACTIVE FILING
- ✓ RELIACARD DISCLOSURE

### H MISREPRESENTATION

I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.

I agree

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— ADDITIONAL DOCUMENTS (OPTIONAL)

I APPLICANT CERTIFICATION

## Misrepresentation

Read the misrepresentation section prior to submitting your application.

Falsifying information will result in the denial of current and future PUA benefits. You will have to pay back any benefits paid, and you may face federal criminal prosecution.




## Initial Application For Pandemic Unemployment Assistance (PUA)

- ✓ APPLICANT INFORMATION
- ✓ APPLICANT EMPLOYMENT
- ✓ ELIGIBILITY QUESTIONS
- ✓ SELF-EMPLOYMENT INFORMATION
- ✓ AUTHORIZATION FOR TAX WITHHOLDING
- ✓ RETROACTIVE FILING
- ✓ RELIACARD DISCLOSURE
- ✓ MISREPRESENTATION

### ○ ADDITIONAL DOCUMENTS (OPTIONAL)

If you are found to be eligible for PUA we will establish a minimum claim of \$205. If you wish to have us evaluate your claim for an increased weekly benefit amount, you must provide proof of income for tax year 2019. To be considered for a higher claim amount you must have earnings in excess of \$16,480 for the year 2019. To see how much you may be eligible to receive based on your earnings, [click here](#).

 Choose a file or drag it here

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### Additional Documents

This section is optional, but you may provide your proof of income for tax year 2019 to have us evaluate your claim for an increased weekly benefit amount.

You can provide your proof of income by dragging it into the section below.

## Applicant Certification

To submit your application, you must read the applicant certification and certify that the information supplied in the form is accurate to the best of your knowledge, and that you are a citizen or national of the United States.

If you answer **NO**, you must answer whether you are in satisfactory immigration status, and provide your Alien registration number if applicable.

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- ✓ ELIGIBILITY QUESTIONS
- ✓ SELF-EMPLOYMENT INFORMATION
- ✓ AUTHORIZATION FOR TAX WITHHOLDING
- ✓ RETROACTIVE FILING
- ✓ RELIACARD DISCLOSURE
- ✓ MISREPRESENTATION
- ✓ ADDITIONAL DOCUMENTS (OPTIONAL)

**1** APPLICANT CERTIFICATION

I certify that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain Pandemic Unemployment Assistance. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT. The information gathered by the Employment Department may be used by other state and federal agencies for verification of eligibility for other programs. Therefore, I AUTHORIZE the Employment Department to release TO ANY SOURCE the information for purposes authorized under Employment Department law. Furthermore, I attest under penalty of perjury that:

I certify

1. I am a citizen or national of the United States.  YES  NO

Signature \_\_\_\_\_

BACK FINISH



## Initial Application For Pandemic Unemployment Assistance (PUA)

You have successfully completed your application and it is ready to be submitted.

REVIEW

SUBMIT



After you have completed your application you **MUST** select **SUBMIT** to submit your application for processing.



Initial Application Completed

Your form has been successfully submitted!

Time remaining before sign out: 56

[RETURN TO THE SIGN IN PAGE](#)

**Congratulations!**

Your application  
has been submitted.

The **Online Claim System** is the **preferred method** to submit your PUA application and weekly claim reports.

If you are unable to submit your PUA application through the Online Claim System, you may also submit it by fax or mail.

**Mail:** You can mail your PUA application and weekly claim reports to Oregon Employment Department at P.O. Box 14165, Salem, OR 97311.

**Fax:** We have several fax machines linked to the 503-371-2893 fax number for your PUA application and weekly claim reports.



# Increasing Your PUA Benefit Amount

If you wish to have us evaluate your claim for an increased weekly benefit amount, you must provide proof of income for your most recently completed tax year. To have the possibility of a higher claim amount you must have earnings in excess of \$16,480 for the year 2019.

You may **provide your proof of income** using the Online Claim System.

If you were self-employed, you may provide your most recent tax return with your NET income. You may also provide Profit Loss statements if you have not filed your taxes yet showing your net income for the business.

If you were employed by someone else, you may provide your W-2 or paystubs for tax year 2019, January through December.

# Filing Weekly Claim Reports

After you have filed your new PUA claim application, you will begin submitting your **weekly claim reports** each week you are requesting benefits.

The **PUA Online System** is the **preferred method** to submit your weekly claim reports. This applies to **anyone** who has submitted a PUA application.

**IMPORTANT:** Make sure you claim your benefits each week you wish to receive payment.

Find more information about our Pandemic Unemployment Assistance Program by visiting our webpage:

<https://unemployment.oregon.gov/>

