

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	
File Your New Claim	Establish a new claim for Oregon unemployment benefits. Help	
	If you are filing due to COVID-19, please watch this training video.	
	Claim a week of unemployment benefits once your claim is established. Just like claiming by phone but easier! * Please see notes below. Help	
Claim a Week of Benefits	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, please read the FAQs prior to claiming a week of benefits.	
	Pandemic Unemployment Assistance (PUA) Intake and Weekly Claims. Help	
Pandemic Unemployment Assistance	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.	
Extension (PEUC)	Pandemic Emergency Unemployment Compensation (PEUC) Intake and Weekly Claims. Help	
	See the status of your current weekly claim report (if claimed by Internet or phone) Help	
Status of Weekly Report	Please note: This system is only updated once per day. Please wait until the next business day before checking again.	
	View your weekly payment details, claim balance and expiration date, work search records, and UI Basics Review results.	
Status of Your Claim and Weekly Reports	Please note: This system is only updated once per day. Please wait until the next business day before checking again.	
	IMPORTANT: The status of your claim will not be available until your claim has been processed. Help	

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

Pandemic Unemployment Assistance



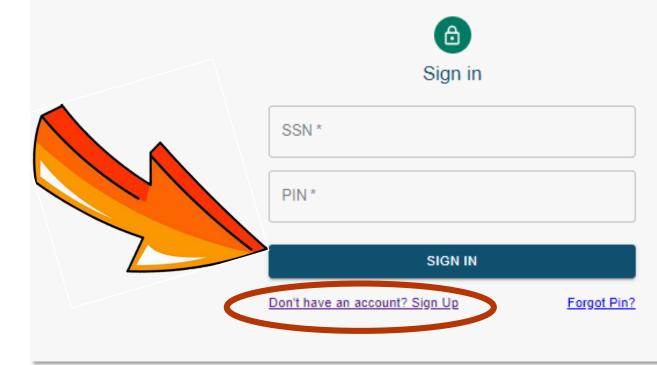


For customers who wish to file their claim or weekly certifications in languages other than English, Oregon Employment Department will be providing this online form in other languages soon. In the meantime, please call Worksystem at 1-503-606-6969 for free assistance in other languages.

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 <u>Online Claim System.</u>

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.



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





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.

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**.



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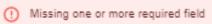
Initial Application For Pandemic Unemployment Assistance (PUA)

First Name *		Middle Name		Last Name *
SSN*			DOB+	Ö
Address 1 *			Phone Number*	
Address 2			Email Address	
City *	State * 🕶	Zip Code *		
Preferred Method of Contact			Gender	
Phone			O Male	
Email Email			O Female	
			currently available. However, the	ments and system limitations, only Male and Female options ar ere will be no delay in processing your claim if the gender elect with the Social Security Administration.
Are you of Hispanic or Latino eth	nnicity?			
O No				
Race (Check all that apply) American Indian or Alaska N	lative			
Asian				
Hawaiian Native or Other Pa	scific 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.				
	_		•	ity Number when claiming unemployment emal Revenue Service and Oregon Department of

IMPORTANT: Required fields are marked with an asterisk.

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





Initial Application For Pandemic Unemployment Assistance (1 071)

First Name *		Middle Name		Last Name *	
Value is required				Value is required	
-ssn*			DOB *		
			Value is required		
Address 1 *			Phone Number	*	
Value is required			Value is required		
Address 2			Email Address		
City * Value is required	State * Value is	Zip Code * Value is required			
Preferred Method of C	ontact		Gender		
Phone			○ Male		
◯ Email			○ Female		
			Female options are cur	g requirements and system limital rrently available. However, there v if the gender election does not ma y Administration.	vill be no delay in
Are you of Hispanic or	Latino ethnicity?				
Are you of Hispanic or Yes	Latino ethnicity?		with the Social Security	y Administration.	
O No					

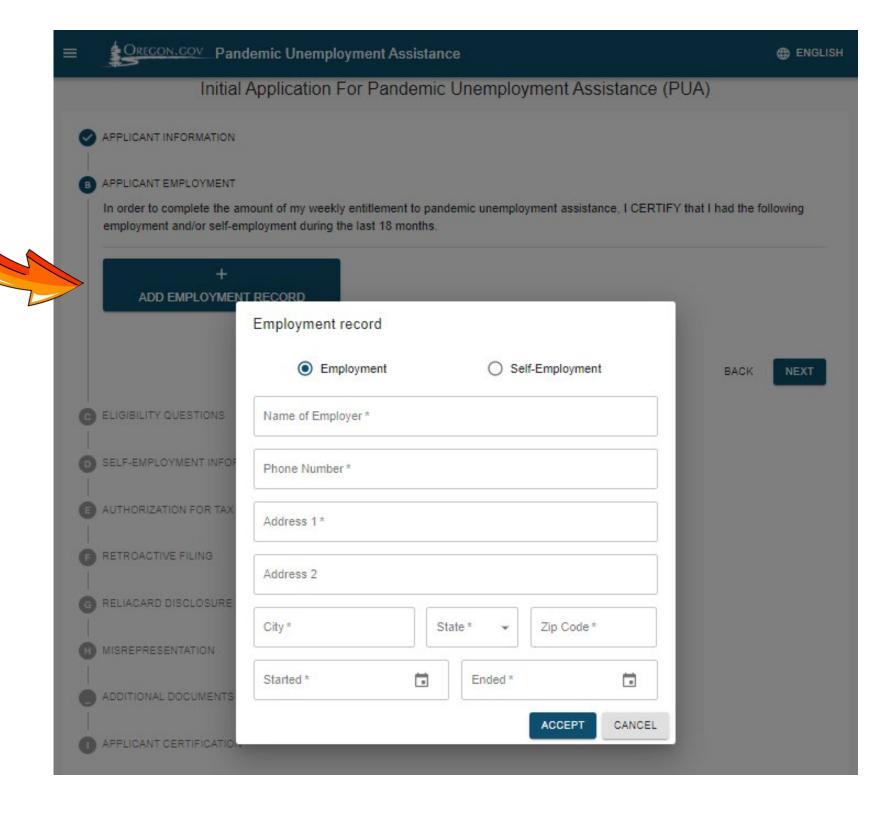
Please provide all of your employment history, including any self-employment you have done during the last 18 months.

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.

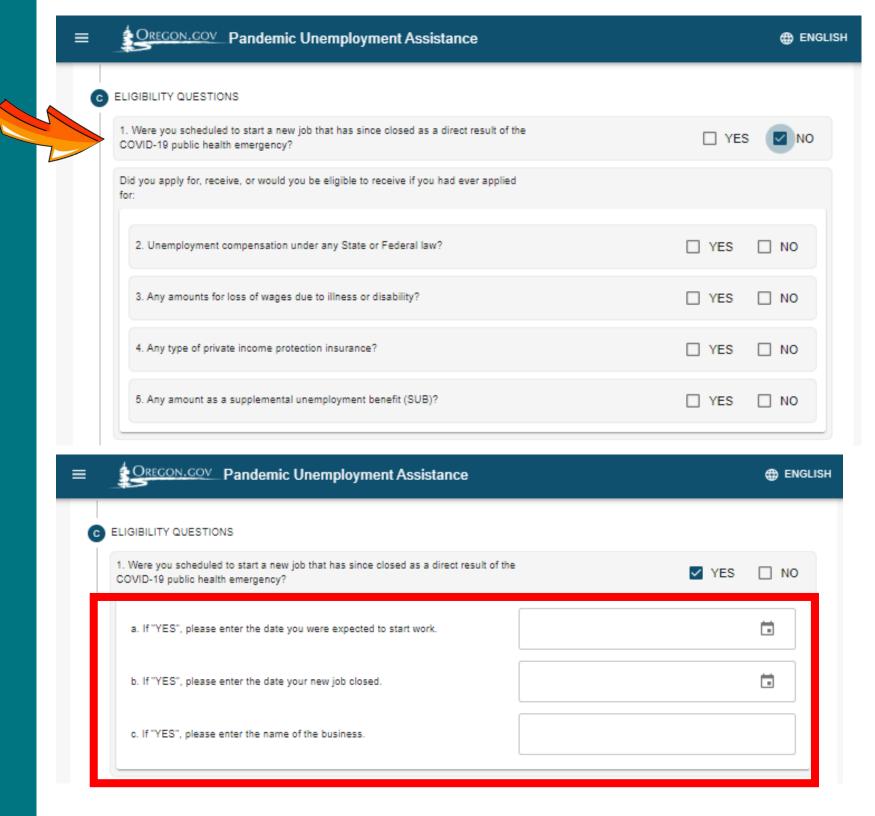
If you do not have any employment, please select **NEXT** to continue to the next screen.



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.

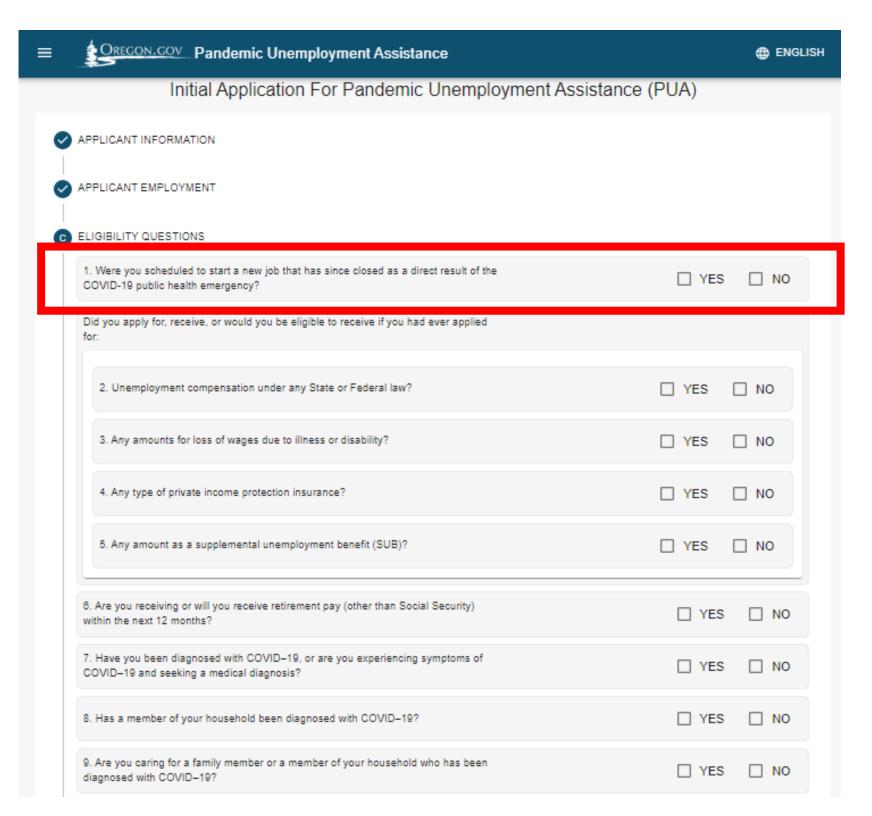


Were you scheduled to start a new job that has since closed as a direct result of the COVID-19 public health emergency?

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.

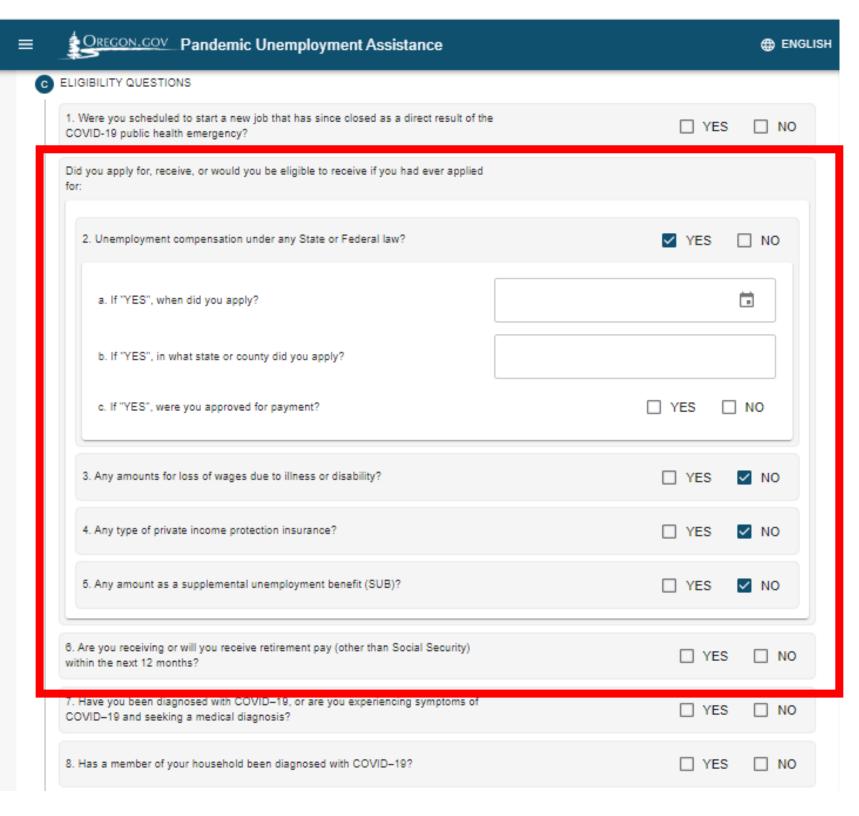


Did you apply for, receive, or would you be eligible to receive if you had ever applied for:

- (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.



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.

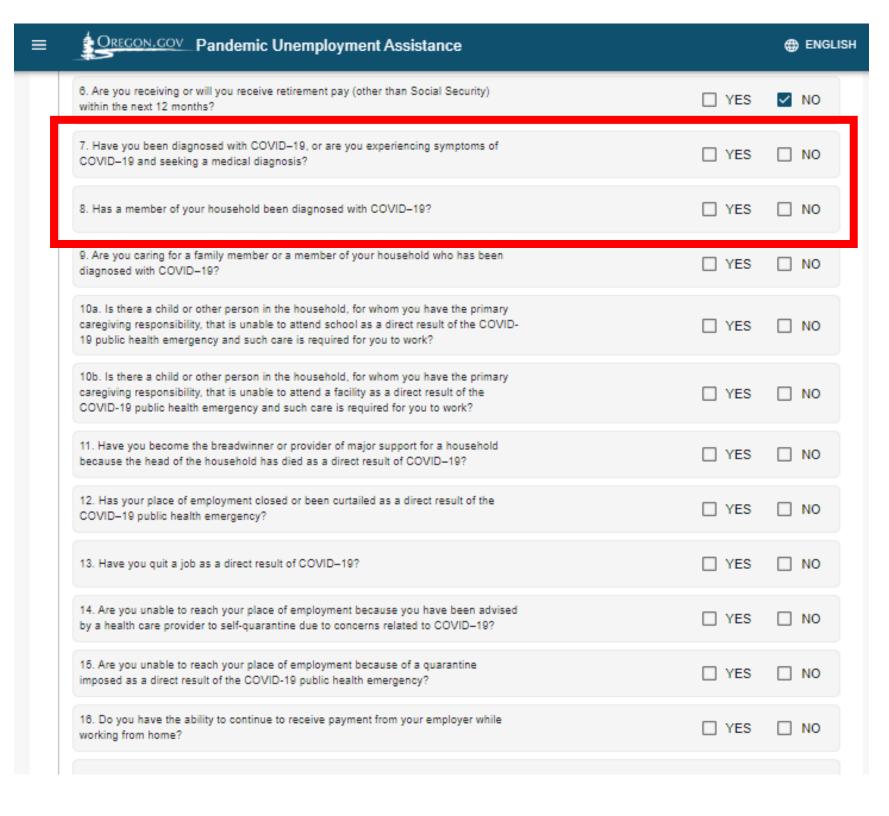
Answer **NO** if you are experiencing symptoms, but you are not seeking a medical diagnosis.

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.



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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Ī	Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	☐ YES	☑ NO
	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
	Are you caring for a family member or a member of your household who has been diagnosed with COVID-19?	☐ YES	□ №
	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.

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

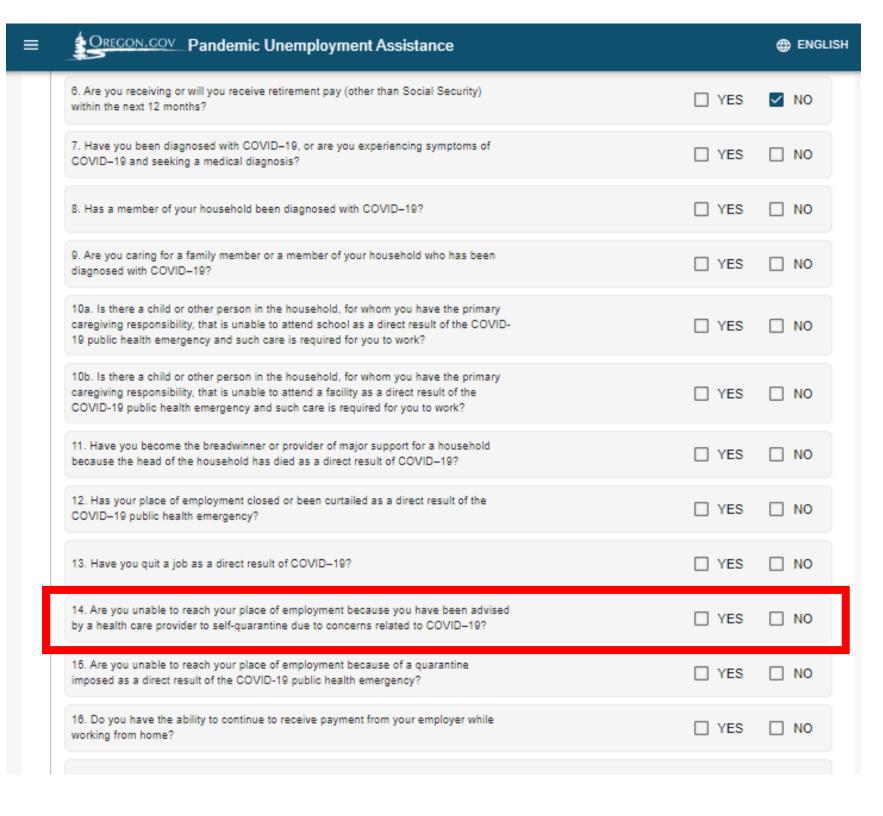
	OREGON, GOV Pandemic Unemployment Assistance		⊕ ENGLISH
	Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?	☐ YES	✓ NO
	7. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?	☐ YES	□ NO
	8. Has a member of your household been diagnosed with COVID-19?	☐ YES	□ NO
	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.



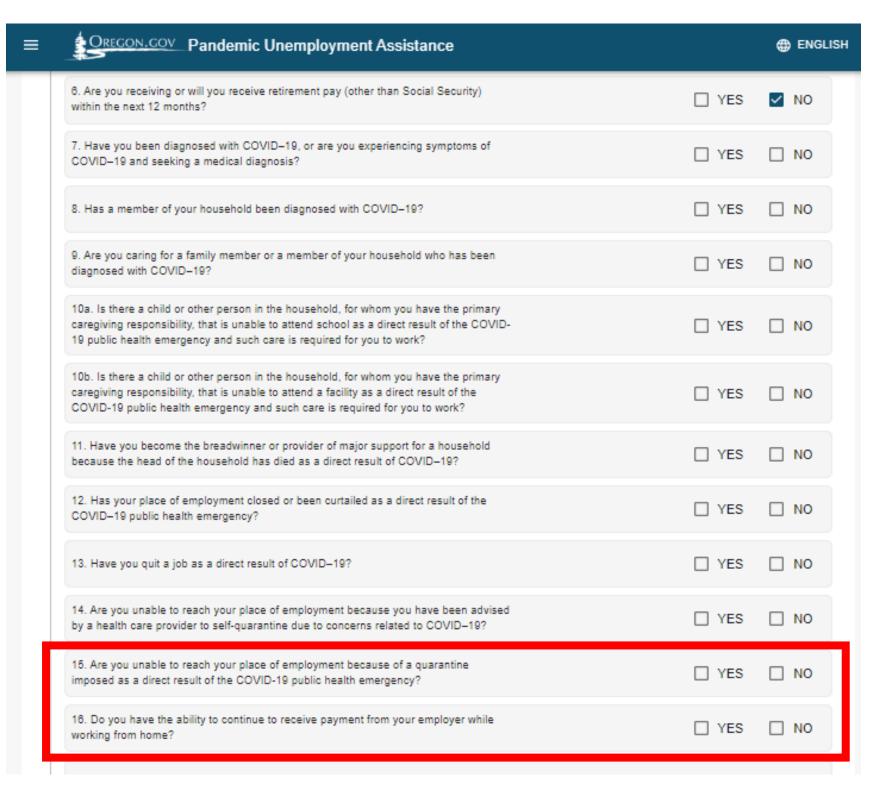
Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

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.



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 selfemployment within the most recently completed tax year.

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

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 11b. 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 12b. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency? YES NO 13b. Have you quit a job as a direct result of COVID-19? YES NO 14b. 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 15b. 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 16b. Do you have the ability to continue to receive payment from your employer while working from home? YES NO 17b. Are you receiving paid sick leave or other paid leave benefits? YES NO 17c. Are you creceiving paid sick leave or other paid leave benefits? YES NO 17c. Are you currently self-employed? YES NO	Pandemic Unemployment Assistance		ENOCION
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? 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? 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? 12. Has your place of employment closed or been curtailed as a direct result of the COVID-19 public health emergency? 13. Have you quit a job as a direct result of COVID-19? 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? 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? 16. Do you have the ability to continue to receive payment from your employer while working from home? 17. Are you receiving paid sick leave or other paid leave benefits? 18. Are you currently self-employed? 19. YES NO 18. Are you currently self-employed? 19. YES NO 18. Are you currently self-employed? 19. YES NO		☐ YES	□ NO
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COVID—19 public health emergency? 13. Have you quit a job as a direct result of COVID—19? 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? 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? 16. Do you have the ability to continue to receive payment from your employer while working from home? 17. Are you receiving paid sick leave or other paid leave benefits? 18. Are you currently self-employed? 19. YES NO 19. NO 19. Are you currently self-employed? 10. NO 11. Are you self-employed? 12. Are you must never the questions in section D.		☐ 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? 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? 16. Do you have the ability to continue to receive payment from your employer while working from home? 17. Are you receiving paid sick leave or other paid leave benefits? 18. Are you currently self-employed? 19. Tess, you MUST answer the questions in section D.		☐ YES	□ NO
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working from home? 17. Are you receiving paid sick leave or other paid leave benefits? 18. Are you currently self-employed? 19. YES NO 19. NO 19. YES NO 19. NO 19. YES NO		☐ YES	□ NO
18. Are you currently self-employed? If "YES", you MUST answer the questions in section D.		☐ YES	□ NO
If "YES", you MUST answer the questions in section D.	17. Are you receiving paid sick leave or other paid leave benefits?	☐ YES	□ NO
<u> </u>		☐ YES	□ NO
BACK NEXT	TES, you MUST answer the questions in section D.		NEXT

At the time of the pandemic, was this selfemployment 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.

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SELF-EMPLOYMENT INFORMATION 1. At the time of the pandemic, was this self-employment your primary occupation and ☐ YES □ NO primary means of livelihood? 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 □ мо 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 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.

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D	SELF-EMPLOYMENT INFORMATION		
	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
		BACK	NEXT

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.

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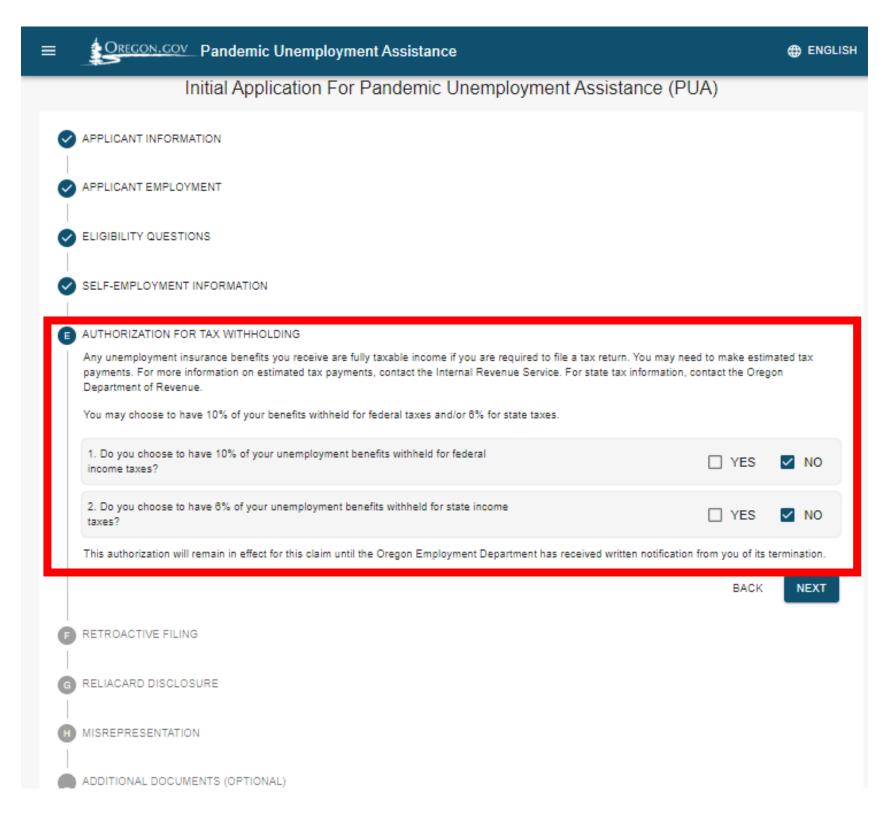


SELF-EMPLOYMENT INFORMATION		
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8. Do you have the right to hire someone to help you perform your services?	☐ YES	□ NO
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9. Do you have an investment in tools, equipment, etc.?	☐ YES	□ NO
10. Can the company you provide services to terminate you?	☐ YES	□ NO
11. Do you have more than one client?	☐ YES	□ NO
	BACK	MEYT

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.

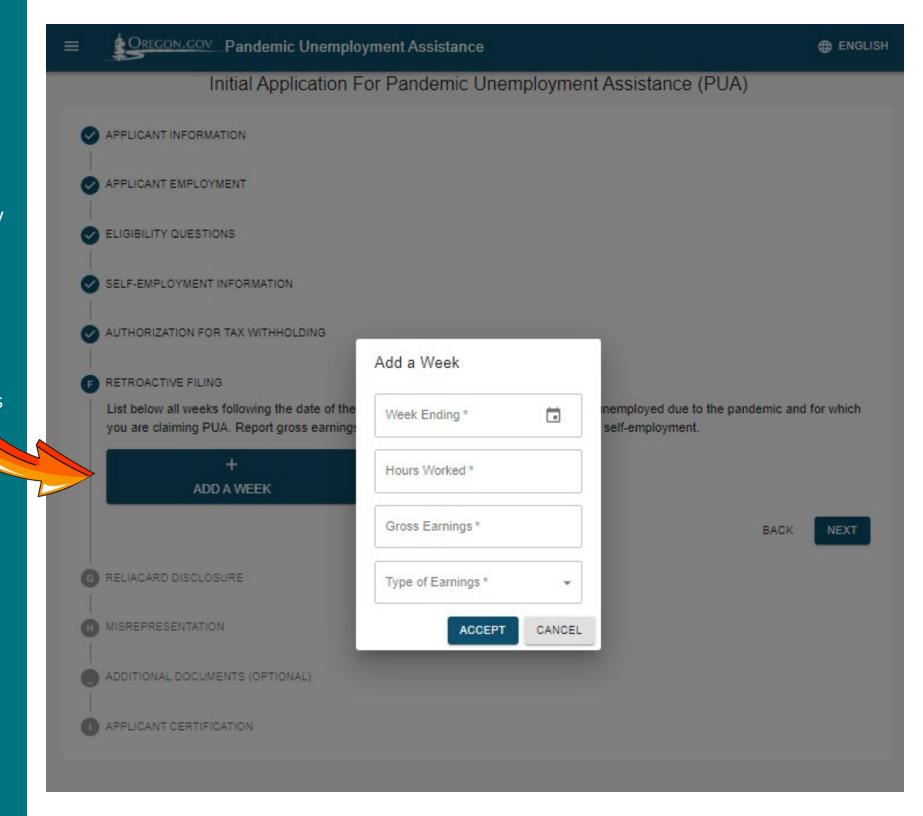
PUA is payable beginning the week of February 2, 2020 or the first week you became out of work due to COVID-19, whichever is later.

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.



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.

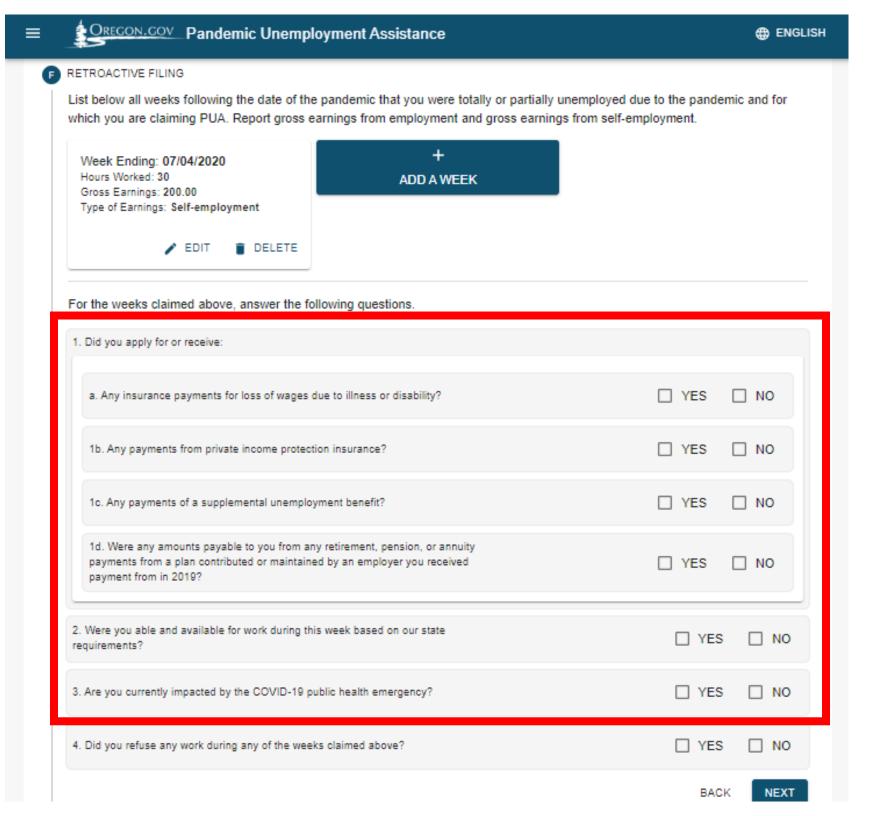
Are you currently impacted by the COVID-19 public health emergency?

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.

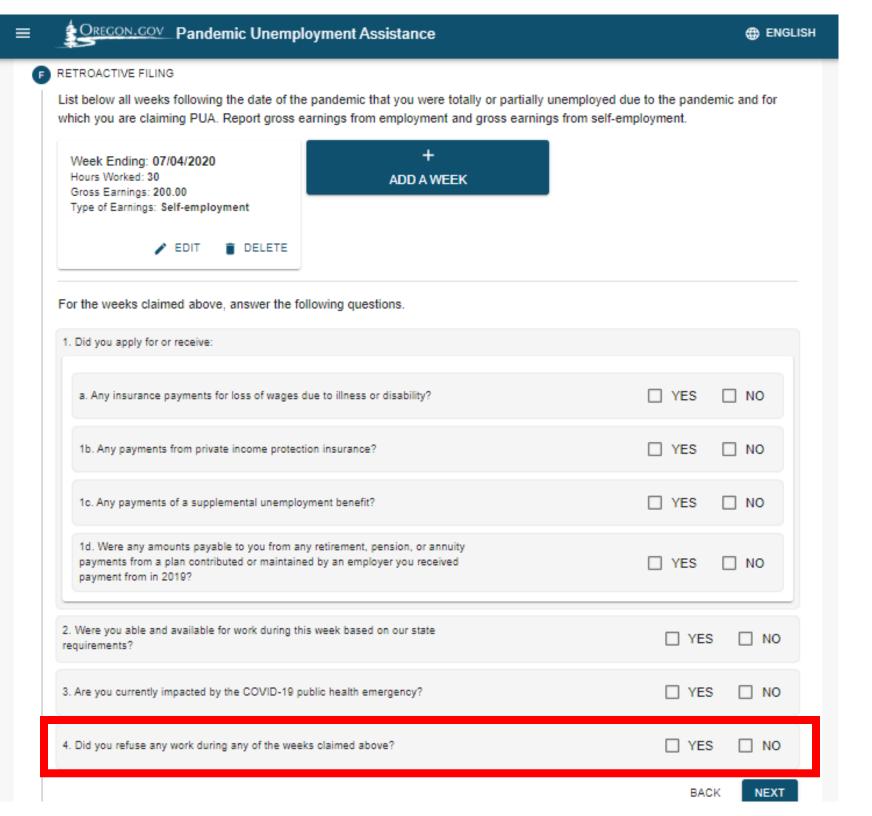
Answer **NO** if you are not currently impacted by the COVID-19 public health emergency.

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



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

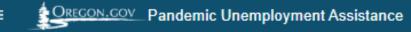
Answer **YES** if an employer offered you work but you refused, regardless of the reason.



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)

9	APPLICANT INFORMATION
9	APPLICANT EMPLOYMENT
•	ELIGIBILITY QUESTIONS
•	SELF-EMPLOYMENT INFORMATION
•	AUTHORIZATION FOR TAX WITHHOLDING
•	RETROACTIVE FILING
•	RELIACARD DISCLOSURE
Œ	MISREPRESENTATION
Ĭ	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
	BACK NEXT
	ADDITIONAL DOCUMENTS (OPTIONAL)

APPLICANT CERTIFICATION

Additional Documents

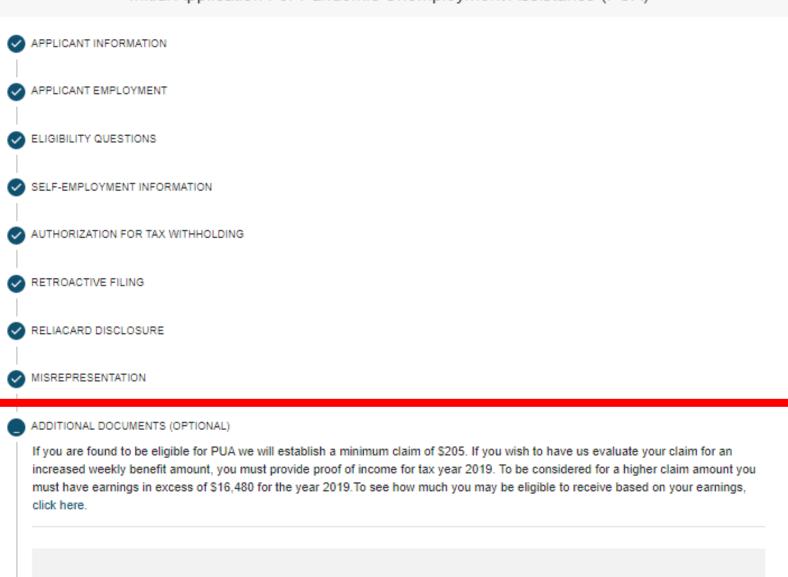
This section is optional, but you may provide your proof of income for tax year 2019 to have us evaluate your claim for an increased weekly benefit amount.

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





Initial Application For Pandemic Unemployment Assistance (PUA)

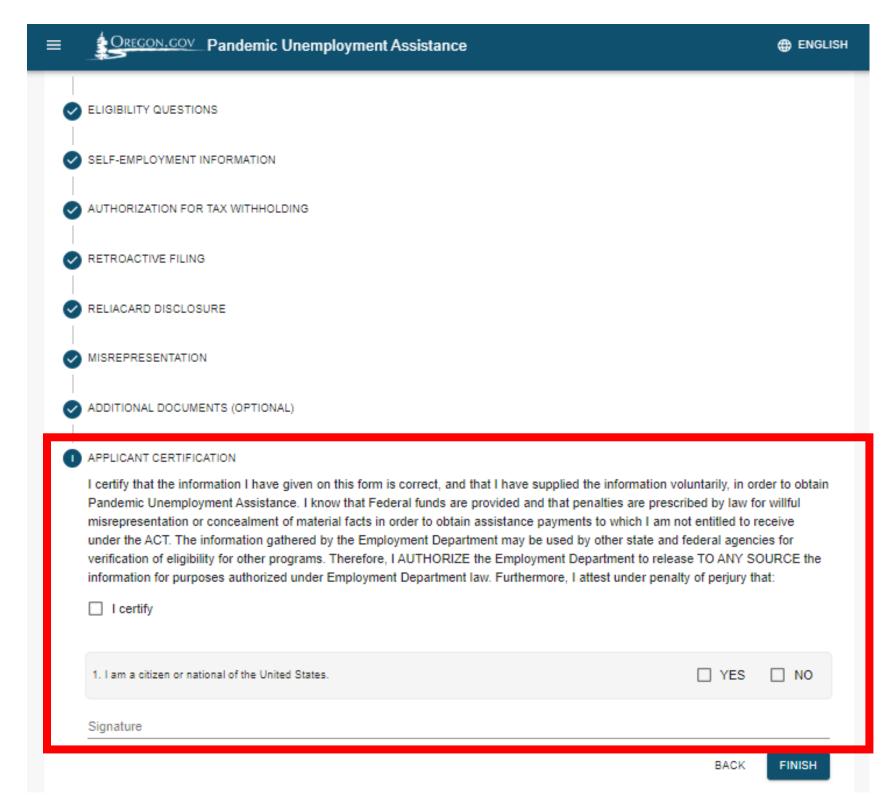


Choose a file or drag it here

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.



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





Initial Application For Pandemic Unemployment Assistance (PUA)

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

REVIEW





Congratulations!

Your application has been submitted.





Initial Application Completed

Your form has been successfully submitted!

Time remaining before sign out: 56

RETURN TO THE SIGN IN PAGE

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/

