

Reemployment Assistance

COVID-19 Bulk Claim Services APPLICATION FOR BENEFITS

PLEASE PRINT CLEARLY

Name _____ Social Security Number _____
FIRST M LAST

Address _____
Street City State Zip

Tel: _____ E-Mail _____ Date of Birth _____
Use an email address you have access to outside the office MM/DD/YYYY

Sex: _____ Race (circle one): White Black Hispanic American Indian Asian Other _____

I declare, under penalty of perjury, that I (check): am a citizen or national of the United States
 have valid employment authorization **Alien Reg #:** _____

Highest grade completed _____ Are you currently attending school or training? YES NO

Are you able and available to work full time? YES NO: If no, why? _____

Are you receiving a **pension**? YES NO If yes, from whom? _____

Are you receiving **severance pay**? YES NO If yes, gross* amount? _____

Are you receiving **vacation pay**? YES NO If yes, gross* amount? _____

Are you receiving **sick leave**? YES NO If yes, gross* amount? _____

Are you receiving paid **holidays**? YES NO **gross – amount before taxes*

Do you want federal taxes withheld from your benefits? YES NO

Have you filed for unemployment benefits in the last 12 months? YES NO

Current Employer _____ **Occupation** _____

First day of work _____ Last day of work _____ Reason for Separation _____

I was given a return to work date of _____ prior to my last day of work.

Previous Employer _____ **Occupation** _____

Address _____
Street City State Zip

First day of work _____ Last day of work _____ Reason for Separation _____

Previous Employer _____ **Occupation** _____

Address _____
Street City State Zip

First day of work _____ Last day of work _____ Reason for Separation _____

I hereby apply for Reemployment Assistance (unemployment) Benefits and request the South Dakota Reemployment Assistance (RA) Division to determine the amount of benefits I will be eligible to receive if I meet all of the eligibility requirements of the law. ***I understand that the law provides for fines, imprisonment, or both in addition to disqualification and repayment of benefits if I knowingly fail to disclose information or give false information in order to obtain or increase benefits.*** I understand that I will receive a monetary determination of benefits, which represents the base period that determines my weekly benefit amount. I also understand:

- If I fail to return to work on my designated return to work date or refuse to apply for or accept suitable work as directed, I may be denied benefits after that date.
- If I work during the week I am claiming benefits, I must report all gross earnings regardless if I have been paid yet. I certify that the information I have given in connection with this application for benefits and fact-finding report is complete and correct.

Signature _____ Date _____