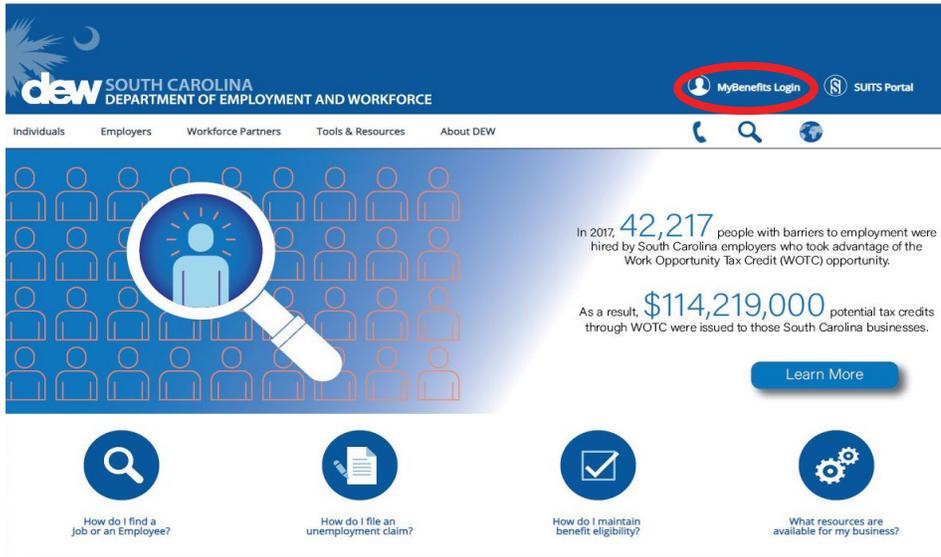
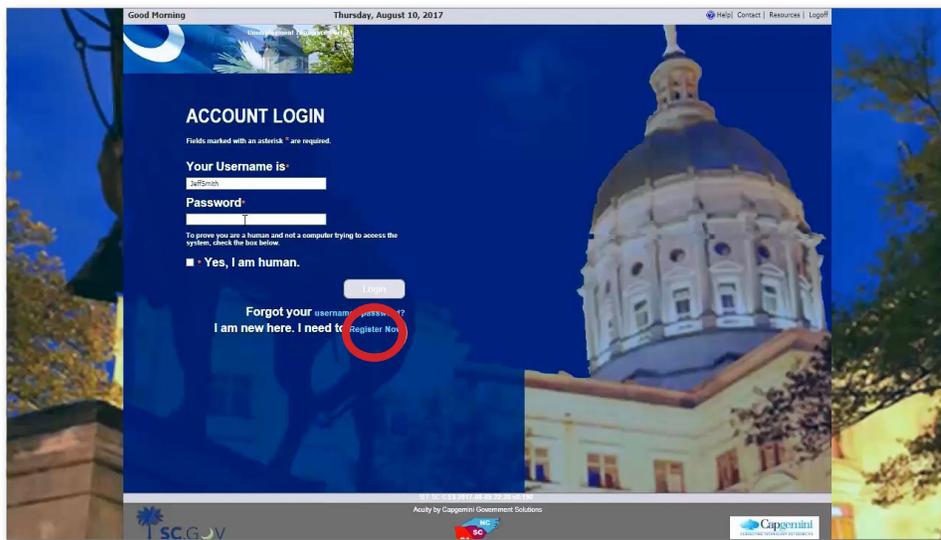




How to File Your Initial Claim in the New MyBenefits Portal



Go to dew.sc.gov to begin your Unemployment Insurance (UI) benefits process. This is the main website for the S.C. Department of Employment and Workforce. On this website you can find information about the UI process as well as tutorials and guides to help you navigate through the Claimant Self-Service (CSS) portal. From any screen on this site you can click the “MyBenefits Login” on the top right side of the screen to go directly to the CSS portal.

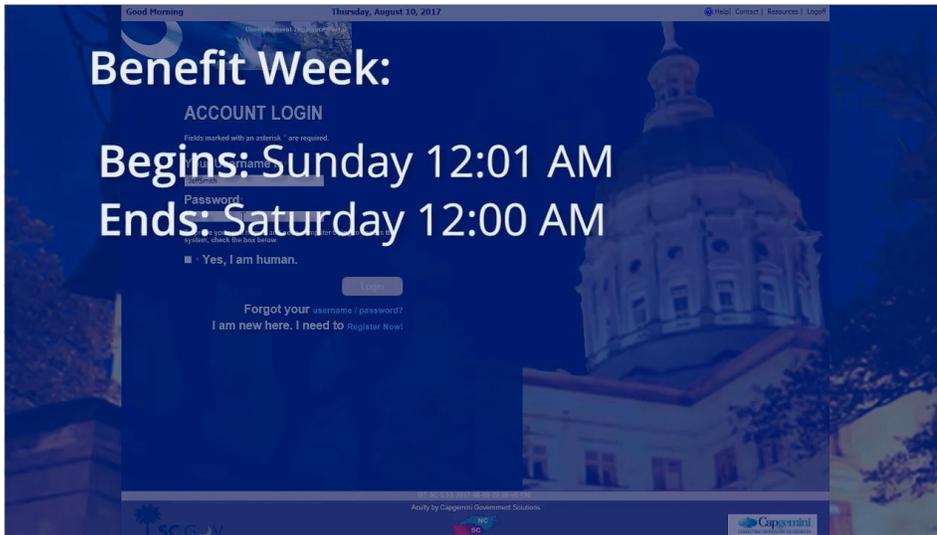


Now that you have successfully created a new online account and registered in the system, you are ready to claim unemployment insurance benefits.

If you have not registered, please do so now.

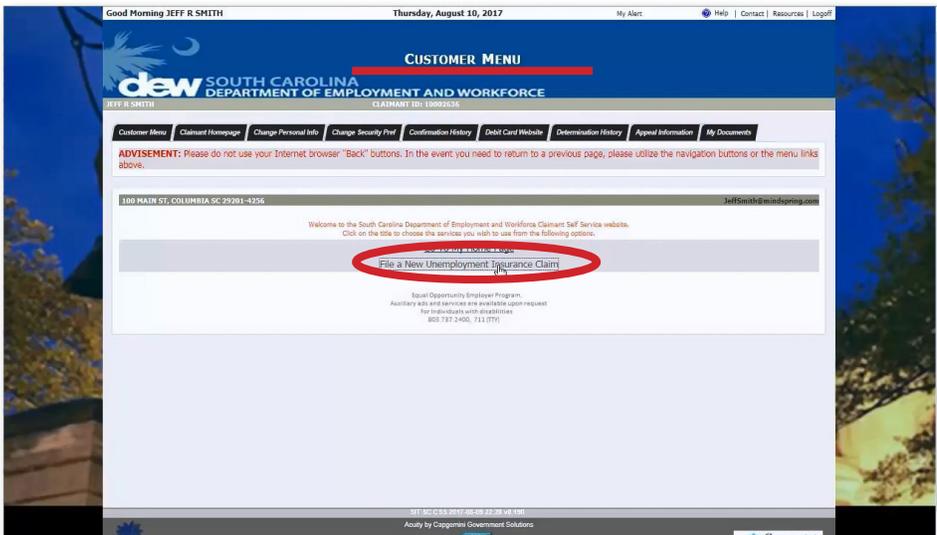


Please remember, you must apply for benefits each week you wish to receive them. You must also be able, available and actively seeking work.



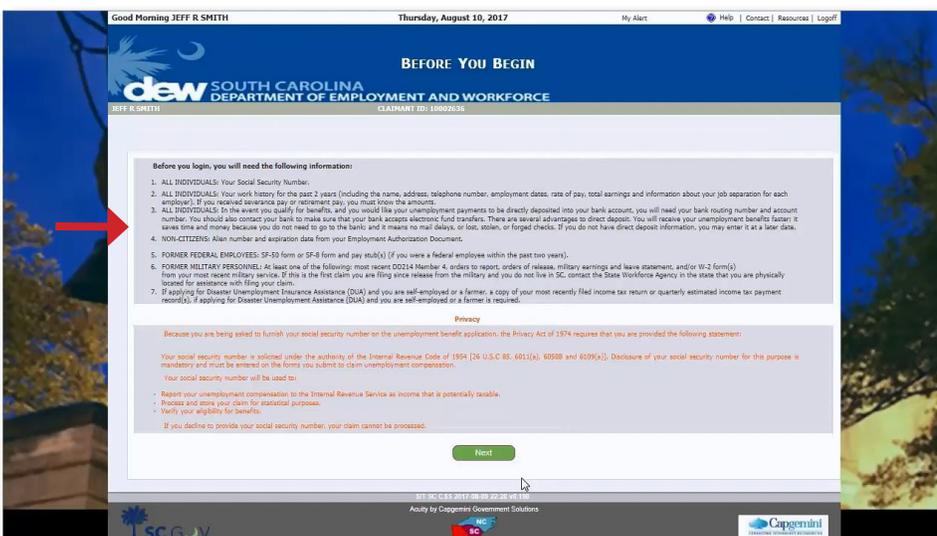
Benefit weeks begin on Sunday at 12:01 a.m. and end on the following Saturday at 12:00 a.m.

You may not claim a week's payment until the week has been completed and then you have up to two weeks to file for that week.

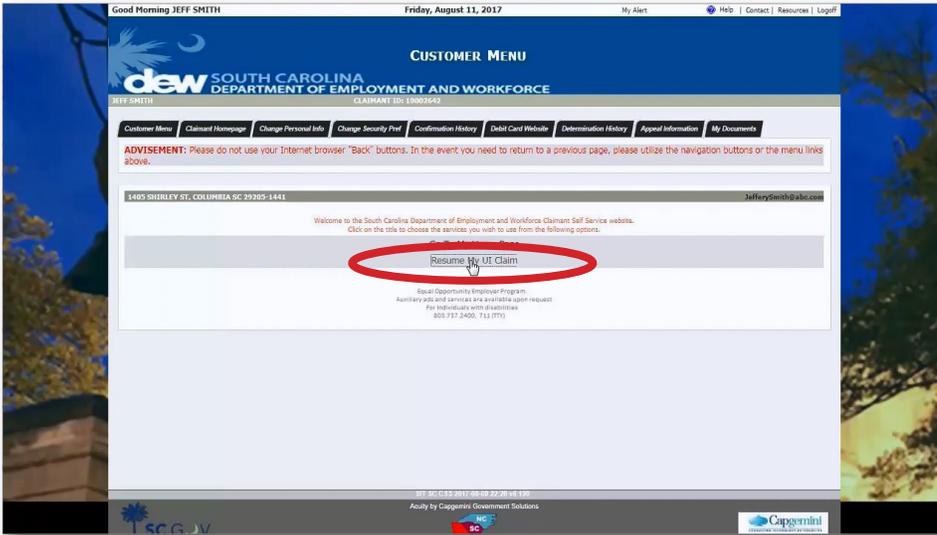


Once you have logged in to the system and accepted the terms, you will be directed to the Customer Menu screen.

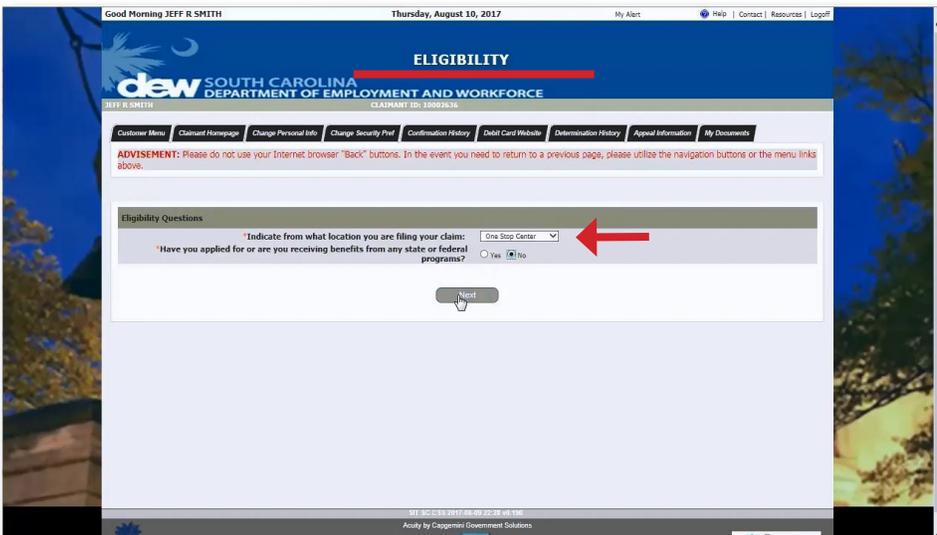
For your convenience, smart links for actions that you are able to complete through your account will be displayed in the center of the screen. Click "File a New Unemployment Insurance Claim."



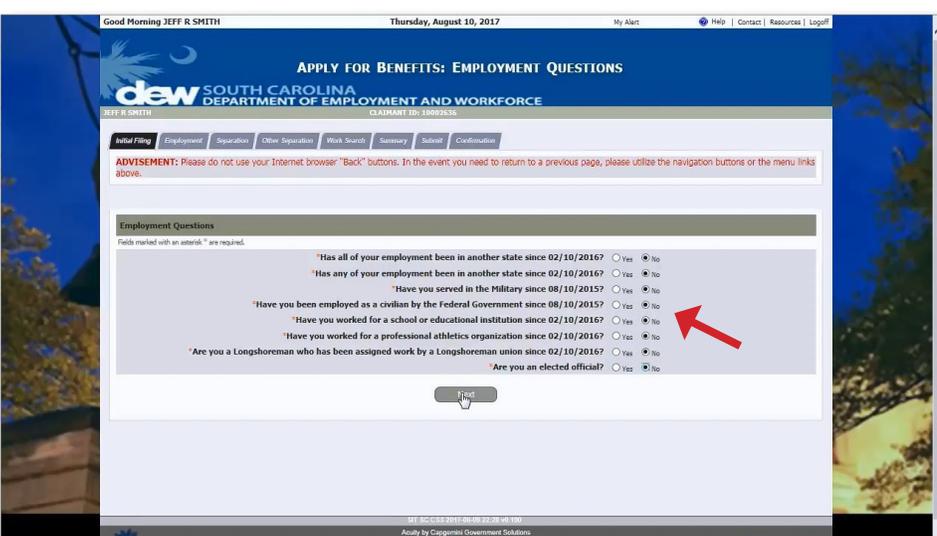
The next screen tells you all of the information and documentation you will need to complete this process. If you do not have all of this material, log off and take a moment to gather these things and then log back in to the system to complete the process. You will not be able to finish the claims process without this information.



As you move through this process, if you need to log out and return to the system at a later time you will see a link called Resume My UI Claim. This will start you back through each tab, but you will notice that the information you filled in previously is still saved by the system. All you would need to do is click Next at the bottom of each page until you return to the place where you stopped.



When you click Next, you will be directed to the Eligibility screen. When you have selected the location where you are filing your claim and any other state or federal programs for which you are receiving benefits, you will click Next.



The next screen includes questions about employment. Click a Yes or No response to each of the questions listed. You will notice that additional questions may appear depending on some of your answers. Once you are finished, click Next.



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APPLY FOR BENEFITS: INITIAL CLAIMS QUESTIONS

JEFF R SMITH CLAIMANT ID: 18007636

Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

ADVISEMENT: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Fields marked with an asterisk * are required.

*Are you currently self-employed or do you earn income on a commission basis? Yes No

*Do you have plans to become self-employed or earn income on a commission basis? Yes No

*Do you have any known medical condition that prevents you from being mentally and physically able to perform work in a job that you have experience or training? Yes No

*Are you currently enrolled in school or in training? Yes No

*Are you available only for part-time work? Yes No

*Have you filed a claim in the past year for worker's compensation due to a work related injury? Yes No

Next

301 SC CSS 2917-08-09 22:28 v8 110
Acuity by Cognimet Government Solutions

The Initial Claims Questions screen will ask you Yes or No questions and again, additional questions may appear depending on some of your answers. When you have completed the questions, click Next.

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APPLY FOR BENEFITS: EMPLOYMENT HISTORY

JEFF R SMITH CLAIMANT ID: 18007636

Initial Filing **Employment** Separation Other Separation Work Search Occupation Summary Submit Confirmation

INSTRUCTIONS:

1. Make sure every employer you worked for since 04/01/2016 through today is listed.
2. Make sure every Military and Federal Employer you worked for since <04 months> through today is listed.
3. If your employer is not listed, use the buttons below to add the employer.
4. If you did not work for an employer that is shown, click "Did not work for this employer".
5. For each employer, enter your dates of employment and the type of work you did (either full time or part time).

Employer Name	Type of Employment	Dates of Employment
---------------	--------------------	---------------------

3. If your employer is not listed, use the buttons below to add the employer.

Note: An employer must be selected before continuing. Type of Employment and Dates of Employment are required for the selected employer and all Military / Federal employers.

I have not worked since 04/01/2016

Next

301 SC CSS 2917-08-09 22:28 v8 110
Acuity by Cognimet Government Solutions

The next screen asks for details about your employment history. You will notice the Initial Filing tab at the top of the screen is now green since you have completed this section. The Employment tab is black because you are currently completing this section. There are important instructions at the top of the screen in red. Make sure you read all instructions before you begin in order to properly complete the section.

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APPLY FOR BENEFITS: EMPLOYMENT HISTORY

JEFF R SMITH CLAIMANT ID: 18007636

Initial Filing **Employment** Separation Other Separation Work Search Occupation Summary Submit Confirmation

INSTRUCTIONS:

1. Make sure every employer you worked for since 04/01/2016 through today is listed.
2. Make sure every Military and Federal Employer you worked for since <04 months> through today is listed.
3. If your employer is not listed, use the buttons below to add the employer.
4. If you did not work for an employer that is shown, click "Did not work for this employer".
5. For each employer, enter your dates of employment and the type of work you did (either full time or part time).

Employer Name	Type of Employment	Dates of Employment
---------------	--------------------	---------------------

3. If your employer is not listed, use the buttons below to add the employer.

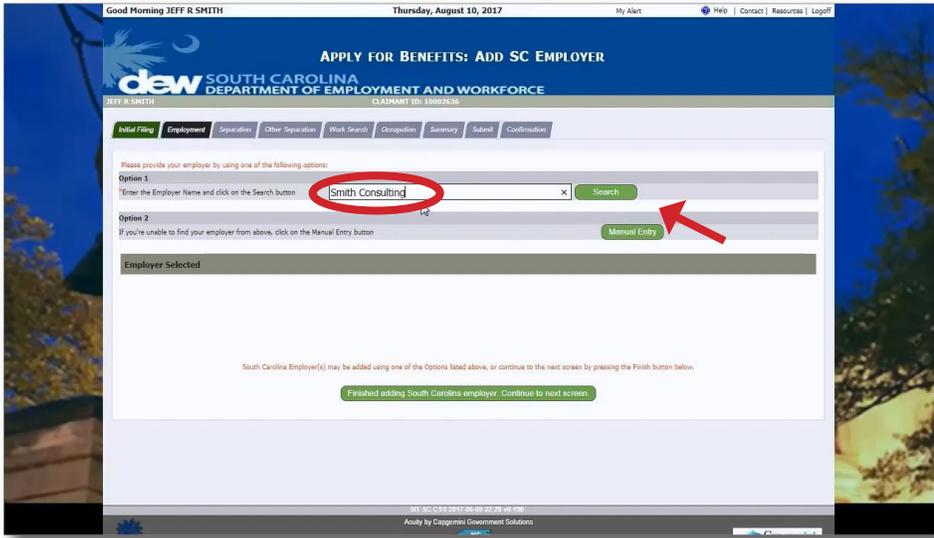
Note: An employer must be selected before continuing. Type of Employment and Dates of Employment are required for the selected employer and all Military / Federal employers.

I have not worked since 04/01/2016

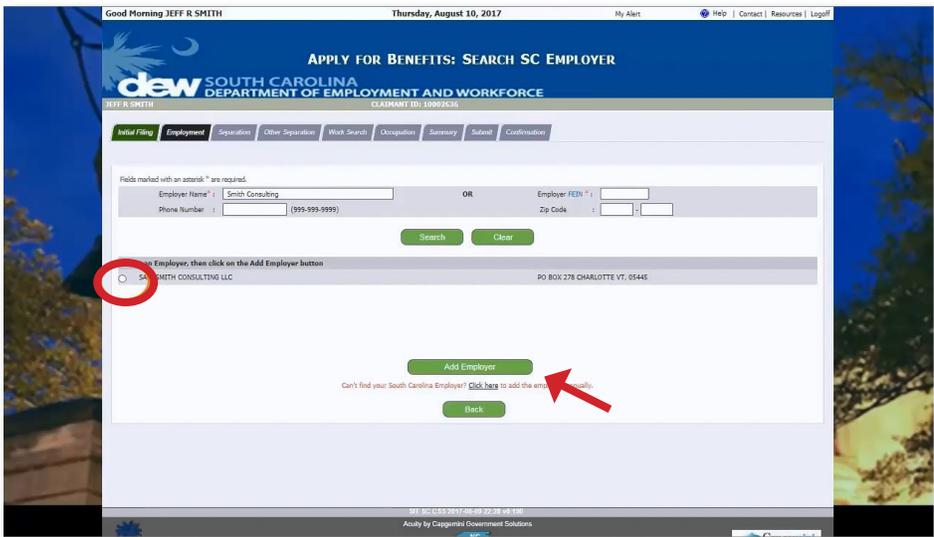
Next

301 SC CSS 2917-08-09 22:28 v8 110
Acuity by Cognimet Government Solutions

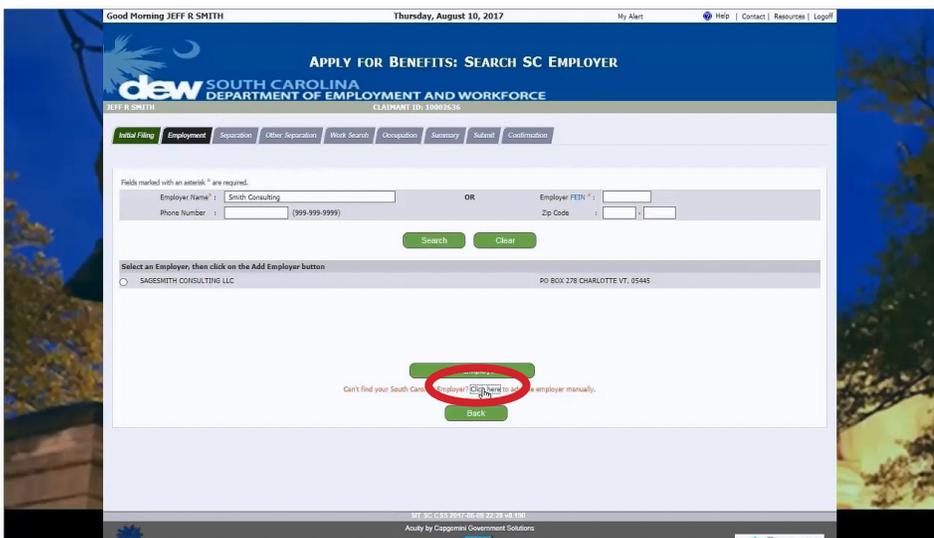
As you begin to add employers, please use the green buttons to indicate the type of employer.



The screen will then prompt you to either enter an employer's name and then search the database for the match or manually enter a company. It is best to first search for an employer to see if they're already in the system. For this example, we'll enter Smith Consulting and click Search.



The next screen will list possible matches for your employer. If this employer was a match, we would click the button to the left and then click Add Employer.



However, since this company was not a match, we still have the opportunity at the bottom to manually enter the information.



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APPLY FOR BENEFITS: ADD SC EMPLOYER

JEFF R SMITH CLAIMANT ID: 80099556

Initial Filing Employment Separation Other Separation Work Search Occupations Summary Submit Contributions

Fields marked with an asterisk * are required.

- * Name of Employer as listed on W-2 or Paycheck: Smith Consulting
- * Employers Business Name: Smith Consulting
- * Country: USA
- * Employer's Address: 200 MAIN STREET Line1
Line2
- * City: COLUMBIA
- * State: South Carolina
- * Zip Code: 29201 **Validate**
- * Phone Number: 803-555-5555
- * Fax Number:
- * Dates of Employment: Start Date: 08/01/2016 End Date: 08/02/2017
- * Type of Work Performed: Architect
- * Physical Location of Job: 200 MAIN STREET Line1
Line2
- * City: COLUMBIA
- * State: South Carolina
- * Country: USA
- * Zip Code: 29201 **Validate**
- * Name of Immediate Supervisor: Betty Williams
- Number you would call if calling in sick:
- * Hourly Rate of Pay: 15.00
- * Hourly Worked per Week: 40

Remember to fill in all fields marked with an asterisk. This is the section that requires documentation from previous employment.

Please note that as you fill in the employer's address and the physical location of the job, you will need to click the Validate button. This allows the system to match your entry with the postal service's address.

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ADDRESS SEARCH RESULT

JEFF R SMITH CLAIMANT ID: 80099556

Address Search Result

Note: The address you entered has been identified as invalid/incomplete in a cross match with US Postal Service addresses. Invalid/incomplete addresses could be a result of a missing apartment number, an incorrect number on a street, or using street instead of avenue, etc. To proceed with the address entered, mark "Use entered address" and press select. To use the address suggested by the system, click on the address you wish to use and press Select; or to change the address completely, press the Cancel button.

User entered Employer address
200 MAIN STREET COLUMBIA SC 29201

Address(es) suggested by the system

Suggested Address
200 Main St Columbia SC 29201 4357

Select Cancel

When you click Validate, it will take you to another screen where you can confirm the entry or select a suggestion from the system which usually just includes the 4 digit extension on the zip code.

Country: USA

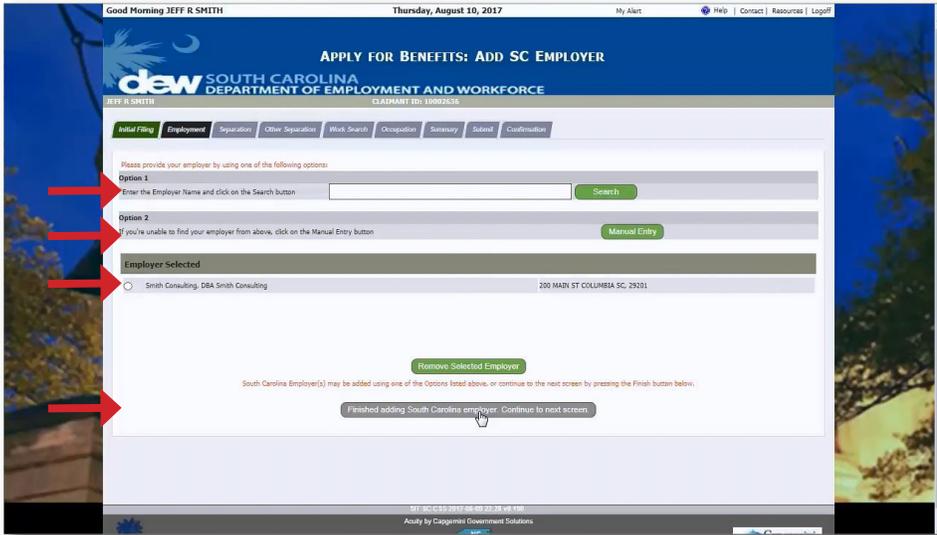
- * Employer's Address: 200 Main St Line1
Line2
- * City: Columbia
- * State: South Carolina
- * Zip Code: 29201 4357 **Validate**
- * Phone Number: 803-555-5555 (no-exx-ocxx)
- * Fax Number:
- * Dates of Employment: Start Date: 08/01/2016 End Date: 08/02/2017
- * Type of Work Performed: Architect
- * Physical Location of Job: 200 Main St Line1
Line2
- * City: Columbia
- * State: South Carolina
- * Country: USA
- * Zip Code: 29201 4357 **Validate**
- * Name of Immediate Supervisor: Betty Williams
- Number you would call if calling in sick:
- * Hourly Rate of Pay: 15.00
- * Hourly Worked per Week: 40
- * Method of Payment: Check Cash
- * My Employer: Did or Did not deduct taxes from my check
- * I: Did or Did not consider myself self-employed or an independent contractor

Provide any supporting documents you have. Check all that apply:

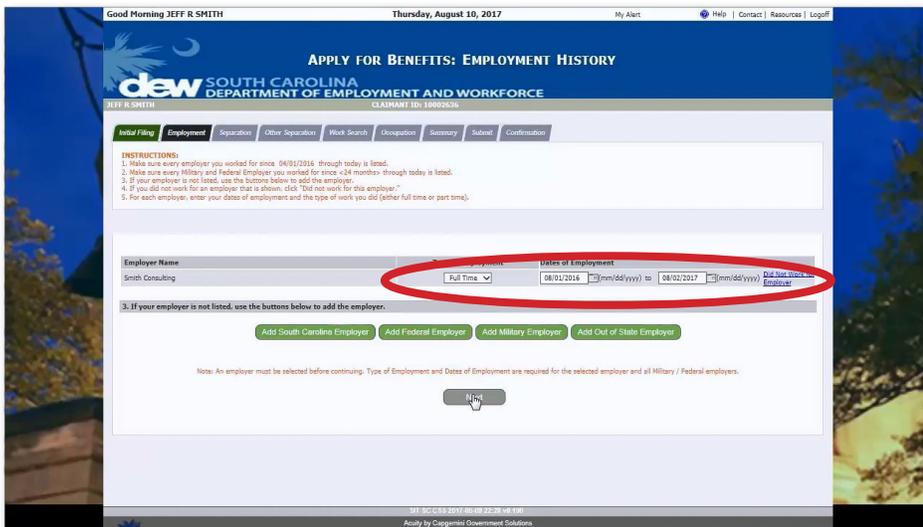
- W-2 1099 Check Stubs Non-Payroll Check Stubs
- Tax Return Employer Letter Non Available
- Other

Back **Add Employer**

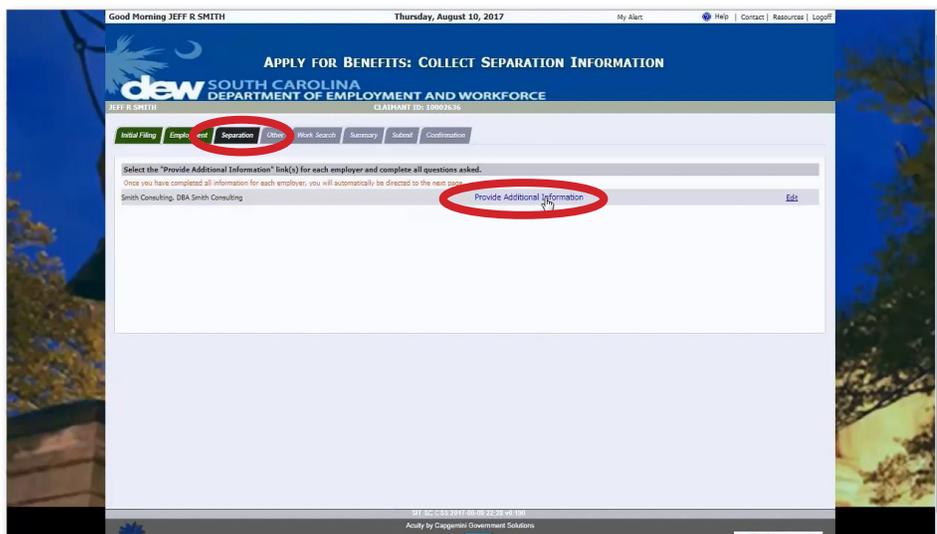
Once you have completed the fields on this screen, click the Add Employer button at the bottom of the page.



This will take you back to the Employer options page. From this screen, you can add additional employers by entering them in to the Search field, add them manually, remove one you have listed, or you may select the button to finish this section and continue to the next tab.



The system displays the Employment History screen. Here you will choose the type of employment and dates you were employed. Once this is completed, click Next.



This will take you to the Separation tab. When you arrive on this screen you will notice there is no button to proceed forward. You must click the blue link titled Provide Additional Information for each employer in order to proceed.



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APPLY FOR BENEFITS: SEPARATION

JEFF R SMITH CLAIMANT ID: 10092635

Initial Filing Employment Separation Other Work Search Summary Submit Confirmation

EMPLOYER NAME : Smith Consulting DBA Smith Consulting

Fields marked with an asterisk * are required.

* Reason employment ended: I was laid off due to lack of work-flow down in business

If Quit or Discharge select the reason why: Yes No

* Will you be returning to work for this employer? Yes No

If yes, please enter your return to work date: [MM/DD/YYYY]

State where work was performed: South Carolina

City where work was performed: Columbia

* Primary Occupation with this employer: Architectural and Engineering Managers

* What were your total earnings with this employer from 04/01/2016 through 08/05/2017? \$ 4000

* Are you an owner, corporate officer, or stakeholder of this employer? Yes No

* Are you the child, spouse, or parent of this employer? Yes No

* Are you or will you receive pension or retirement benefits from this employer? Yes No

Next

8/10/2017 10:08:22 AM EDT
Acuity by Cognex Government Solutions

This screen has questions related to your separation. Complete the fields and then click Next.

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APPLY FOR BENEFITS: OTHER SEPARATION

JEFF R SMITH CLAIMANT ID: 10092635

Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

Fields marked with an asterisk * are required.

* Are you currently receiving workers' compensation for a job related injury or illness? Yes No

* Are you or will you receive pension or retirement pay (other than Social Security)? Yes No

* Have you received, are you receiving, or are you entitled to receive separation pay (vacation, severance, other)? Yes No

* If you are eligible to receive benefits, would you like Federal Income Tax withheld from your benefits? Yes No

* If you are eligible to receive benefits, would you like State Income Tax withheld from your benefits? Yes No

Do you have a definite return to work date? Yes No

If yes, what is the name of the employer? [Text Field]

If yes, what is your return to work or start date? [MM/DD/YYYY]

Preferred payment Method: [Dropdown]

Next

8/10/2017 10:08:22 AM EDT
Acuity by Cognex Government Solutions

There are additional questions on this screen as well. Keep in mind that **Federal and State income tax must be paid on unemployment insurance benefits** and will only be withheld if you select "Yes" to both questions in the middle of this page.

If you select "No" to these questions, you will be responsible for paying taxes on the benefits when you pay your income tax.

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APPLY FOR BENEFITS: OTHER SEPARATION

JEFF R SMITH CLAIMANT ID: 10092635

Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

Fields marked with an asterisk * are required.

* Are you currently receiving workers' compensation for a job related injury or illness? Yes No

* Are you or will you receive pension or retirement pay (other than Social Security)? Yes No

* Have you received, are you receiving, or are you entitled to receive separation pay (vacation, severance, other)? Yes No

* If you are eligible to receive benefits, would you like Federal Income Tax withheld from your benefits? Yes No

* If you are eligible to receive benefits, would you like State Income Tax withheld from your benefits? Yes No

Do you have a definite return to work date? Yes No

If yes, what is the name of the employer? [Text Field]

If yes, what is your return to work or start date? [MM/DD/YYYY]

Preferred payment Method: Direct Card, Paper Check

Next

8/10/2017 10:08:22 AM EDT
Acuity by Cognex Government Solutions

At the bottom of the page, you have the option to have the benefits directly deposited to your account or have the funds placed on a debit card.



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APPLY FOR BENEFITS: BENEFITS PAYMENT METHOD

JEFF R SMITH CLAIMANT ID: 18892636

Initial Filing | Employment | Separation | Other Separation | **Work Search** | Summary | Submit | Confirmation

Direct Deposit Details

I hereby authorize South Carolina Department of Employment and Workforce (SCDEW) to initiate automatic deposits to my account at the financial institution named below. I also authorize South Carolina Department of Employment and Workforce (SCDEW) to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree South Carolina Department of Employment and Workforce (SCDEW) not to hold responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the party of my financial institution in depositing funds to my account.

Name of Financial Institution:

Financial Institution Routing #:

Account Number:

Account Type: Checking Savings

I AGREE THAT THE DIRECT DEPOSIT INFORMATION IS CORRECT.

I AGREE TO ALL TERMS OF THIS BANK AGREEMENT.

Click Back to cancel and to return to the prior screen. Click Next to confirm you agree with this information and to continue.

Back Next

If you select Direct Deposit, you will need your bank information in order to complete that section.

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APPLY FOR BENEFITS: BENEFITS PAYMENT METHOD

JEFF R SMITH CLAIMANT ID: 18892636

Initial Filing | Employment | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

Debit Card Details

I hereby authorize South Carolina Department of Employment and Workforce (SCDEW) prepaid debit card payments. If debit card payment is sent to my card in error, you authorize South Carolina Department of Employment and Workforce (SCDEW) to debit my card for an amount not to be exceed the original amount of my debit payment. I understand that this automation will remain in effect for the benefit year of this unemployment insurance claim, and that any request to change this authorization must be made online or in writing.

I AGREE TO ALL TERMS OF THIS BANK AGREEMENT.

Click Back to cancel and to return to the prior screen. Click Next to confirm you agree with this information and to continue.

Back Next

If you select Debit Card, you will be taken to the Terms of Agreement page. After clicking that you agree to the terms, click Next.

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APPLY FOR BENEFITS: WORK SEARCH

JEFF R SMITH CLAIMANT ID: 18892636

Initial Filing | Employment | Separation | Other Separation | **Work Search** | Summary | Submit | Confirmation

Fields marked with an asterisk "*" are required.

What is your lowest rate of pay you will accept for the type of work you are seeking? * Hour

Are tools, license, or permits required for the work you are seeking? Yes No

If yes, do you have the tools, licenses, or permits to perform the work you are seeking? Yes No

Next

Fill in the Work Search tab and then click Next.



Did you earn at least half of your last 12 months income on a farm? Yes No

Were you employed all year on a farm? Yes No

Did you travel to work? Yes No

Did you work at least 25 days on a farm? Yes No

***Have you worked in a food processing plant?** Yes No

If Yes, please answer the following:

Did you earn at least half of your last 12 months income in food processing? Yes No

Were you employed all year in food processing? Yes No

Did you travel to work? Yes No

Did you work at least 25 days in food processing? Yes No

***Do you have a valid driver's license?** Yes No

If Yes, please answer the following:

Driver's license class : (select all that apply)

A B C D Regular Operator License M Motorcycle

Commercial driver's license classes : (select all that apply)

Hazmat Tank Passenger Double Triple Hazardous Tank None

Commercial driver's license restrictions : (select all that apply)

Airbrakes School Bus Class A Except Bus Class A Except Tractor Trailer Double None

SC 655-2017-08-08 22:28:48:000
 Auth by Capgemini Government Solutions

While this takes you back to the Initial Filing tab, the information required is different. Click the appropriate Yes or No tabs to complete this section and then click Next.

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APPLY FOR BENEFITS: JOB ELIGIBILITY QUESTIONS

JEFF R SMITH CLAIMANT ID: 18882636

Initial Filing | Employment | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

ADVISMENT: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Select up to 6 counties where you are willing to work

Work Counties:

<input type="checkbox"/> ABERDEEN	<input type="checkbox"/> ANSON	<input type="checkbox"/> ALLENDALE
<input type="checkbox"/> ANDERSON	<input type="checkbox"/> BARNWELL	<input type="checkbox"/> BARNWELL
<input type="checkbox"/> BEAUFORT	<input type="checkbox"/> BENEVOLE	<input type="checkbox"/> CALHOUN
<input type="checkbox"/> CHARLESTON	<input type="checkbox"/> CHEROKEE	<input type="checkbox"/> CHESTER
<input type="checkbox"/> CHESTERFIELD	<input type="checkbox"/> CLARENDON	<input type="checkbox"/> COLLETON
<input type="checkbox"/> DARLINGTON	<input type="checkbox"/> DILLON	<input type="checkbox"/> DORCHESTER
<input type="checkbox"/> EDGEFIELD	<input checked="" type="checkbox"/> FAIRFIELD	<input type="checkbox"/> FLORENCE
<input type="checkbox"/> GEORGETOWN	<input type="checkbox"/> GREENVILLE	<input type="checkbox"/> GREENWOOD
<input type="checkbox"/> HAMPTON	<input type="checkbox"/> HORRY	<input type="checkbox"/> JASPER
<input checked="" type="checkbox"/> HERRINGHAM	<input type="checkbox"/> LANCASTER	<input type="checkbox"/> LAURENS
<input type="checkbox"/> LEE	<input checked="" type="checkbox"/> LEWISTON	<input type="checkbox"/> MCCORMICK
<input type="checkbox"/> MARION	<input type="checkbox"/> MARLBORO	<input type="checkbox"/> NEWBERY
<input type="checkbox"/> OCOEE	<input checked="" type="checkbox"/> ORANGETHUR	<input type="checkbox"/> PICKENS
<input checked="" type="checkbox"/> RICHLAND	<input type="checkbox"/> SALUDA	<input type="checkbox"/> SPARTANBURG
<input checked="" type="checkbox"/> SUMNER	<input type="checkbox"/> UNION	<input type="checkbox"/> WILLIAMSBURG
<input type="checkbox"/> YORK		

Select up to six counties where you are willing to work and click next.

Good Morning JEFF R SMITH Thursday, August 10, 2017 My Alert Web | Contact | Resources | Logout

APPLY FOR BENEFITS: JOB ELIGIBILITY QUESTIONS

JEFF R SMITH CLAIMANT ID: 18882636

Initial Filing | Employment | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

ADVISMENT: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Fields marked with an asterisk * are required.

Experience

These questions are used to determine your job experience and training. Select two job types you are interested in and provide your years of training and experience

Primary Choice

*Kinds of Jobs Seeking / ONET?:

*Years of Experience / Training:

Secondary Choice

*Kinds of Jobs Seeking / ONET?:

*Years of Experience / Training:

Last Job Information

Provide the dollar amount and select the appropriate unit of pay you earned on your last job.

*How much did you earn on your last job?:

*Unit of pay:

*Travel Miles:

Location

We would like to know how flexible you are pertaining to job location.

*Are you willing to relocate?: Yes No

*Are you willing to travel at least the same distance as you last traveled to your last job?: Yes No

*Your transportation methods:

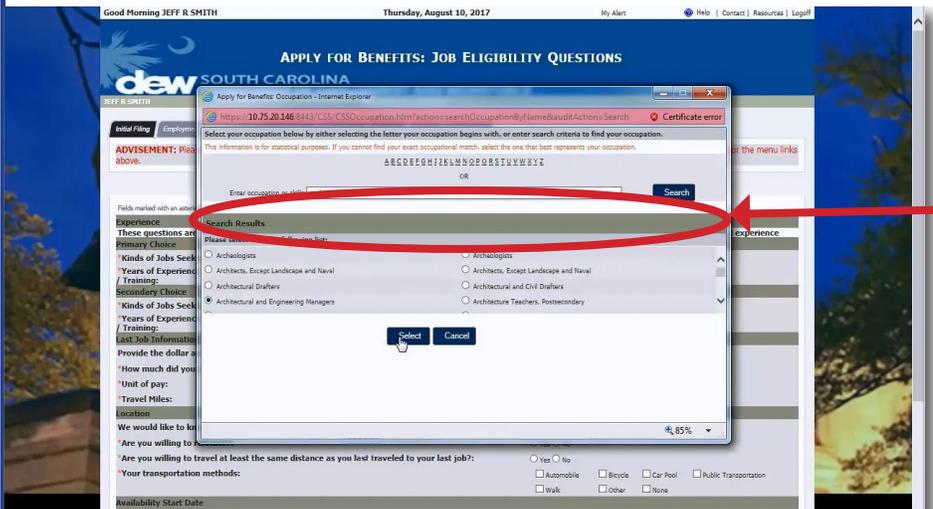
Automobile Bicycle Car Pool Public Transportation

Walk Other None

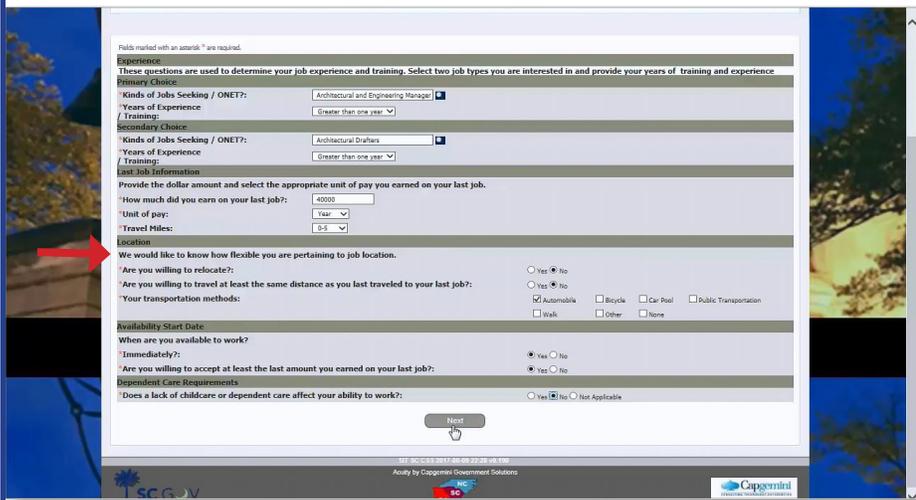
Availability Start Date

When are you available to work?

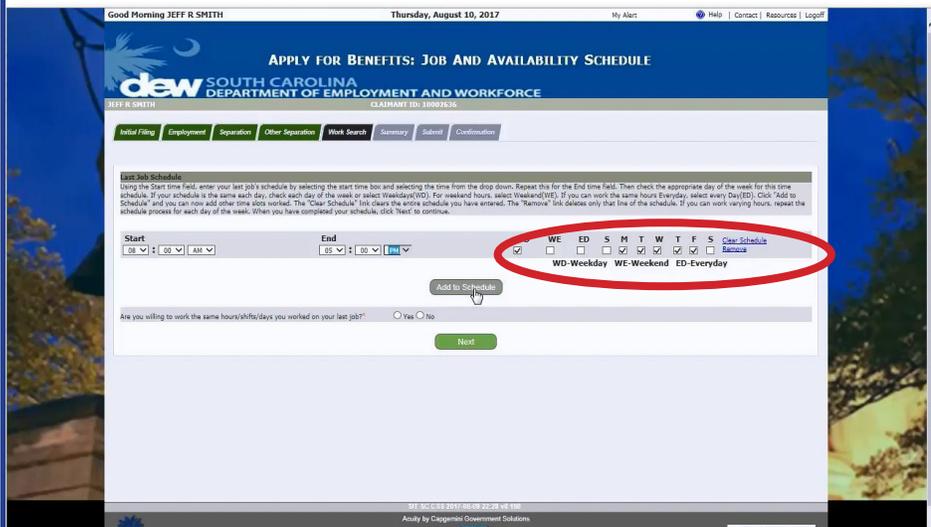
The next screen contains questions about your job seeking experience and training. You will need to select two types of jobs for this section.



By clicking the icon to the right of the Jobs field, you can enter a job in the search box. The system will offer potential matches from which you may choose the best fit.



When you click Select, you will be taken back to the main screen and your job will be dropped in to the field. Complete the page and then click Next.



On this page, you will fill in the schedule of your last job.

“WD” stands for weekday.
 “WE” stands for weekend.
 “ED” stands for everyday.

You can click “Add to Schedule” in order to fill in additional hours. Complete the page and click Next.

univer's license class: A

Commercial driver's license classes: None

Commercial driver's license restrictions: None

Job Eligibility Counties

Select upto 6 counties where you are willing to work :

FAIRFIELD
KERSHAW
LEXINGTON
ORANGEBURG
RICHLAND
SUMTER

Job Eligibility Experience

Primary Choice

Kind of Jobs Seeking / ONET: Architectural and Engineering Managers

Years of experience: Greater than one year

Years of Training:

Secondary Choice

Kind of Jobs Seeking / ONET: Architectural Drafters

Years of experience: Greater than one year

Years of Training:

Last Job Information

How much did you earn on your last job?: 40000.0

Unit of pay: Year

Travel Miles: 0-5

Location

Are you willing to relocate?: No

Are you willing to travel at least the same distance as you last traveled to your last job?: No

Your transportation methods: Automobile

Here, you will review all of the information you entered. Please note: this is a long page so you should use the scroll bar to see all of the information. If you need to change anything, click the Edit button under the section you need to revise.

Secondary Choice

Kind of Jobs Seeking / ONET: Architectural Drafters

Years of experience: Greater than one year

Years of Training:

Last Job Information

How much did you earn on your last job?: 40000.0

Unit of pay: Year

Travel Miles: 0-5

Location

Are you willing to relocate?: No

Are you willing to travel at least the same distance as you last traveled to your last job?: No

Your transportation methods: Automobile

Availability Start Date Immediately?: Yes

Are you willing to accept at least the last amount you earned on your last job?: Yes

Does a lack of childcare or dependent care affect your ability to work?: No

Job And Availability Schedule

Available Time (Start Time - End Time): 8:00 - 17:00

Available Days: Monday, Tuesday, Wednesday, Thursday, Friday

Are you willing to work the same hours/infr/days you worked on your last job?: Yes

Once you have reviewed all of the information, click the Next button below.

Print Next

At the bottom of the page, there is a Print button.

It is recommended that claimants print this page for their records. Once you have reviewed the page, click Next.

Good Morning JEFF R SMITH Thursday, August 10, 2017 My Alerts Help Contact Resources Logout

APPLY FOR BENEFITS: SUBMIT CLAIM

JEFF R SMITH CLAIMANT ID: 1990253

Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

Claim Effective Date: 08/06/2017 Print

Penalties for Falsification

WARNING

Penalties and consequences for providing false information

Unemployment Insurance (UI) fraud is punishable by law and you could face a number of serious penalties and consequences. If you commit UI fraud, you could face penalties, such as:

- Prosecution
- Jail or prison sentence
- Requiring any retroactively paid benefits
- Penalties and fines for false statements
- Being prevented from receiving benefits in the future

Document(s) we need from you

REMINDER

As you were filing your claim, we requested documentation from you. This is a reminder of the documents that you need to provide before we can process your claim. You can upload these documents by returning to this site at [SCUI](#) and viewing your Homepage. Click on "My Documents" for a list of pending items and select the link for the document(s) you are providing. Follow the screen instructions to provide these documents. Failure to provide these documents may result in a delay or denial of benefits.

<https://dew.sc.gov/docs/default-source/worksearch/work-search-all-rev-6-30.pdf>

Benefit Rights and Information

BENEFIT RIGHTS INFORMATION AND RESPONSIBILITIES

Your benefit rights and responsibilities are explained in the South Carolina Department of Employment and Workforce [Benefits Rights Handbook](#). You must read the information supplied in the handbook to fully understand your claim filing responsibilities. You may print this handbook or access it at any time.

Terms and Conditions

ACKNOWLEDGEMENTS

Please be sure to read all of the legal information on the Submit Claim screen. There is also a Print button on the top right side of the screen if you would like a personal copy of the page.



Claim Effective Date : 08/06/2017 Print

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<https://dew.sc.gov/portal/defsub.aspx?mcrsearch=worksearchallrec-6-30.pdf>

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Terms and Conditions

ACKNOWLEDGEMENTS

I acknowledge that all information I have provided is true and accurate

I understand there are penalties for false statements

I agree to the responsibilities stated within the South Carolina Claimant Handbook and I understand my responsibilities

The handbook is not an excuse to prevent being found ineligible for benefits

Back
File My Claim
I Do Not Wish To File

9/11/2015 2:55:28 PM
Activity by Capgemini Government Solutions

Use the scroll bar to go down the screen and click the acknowledgment buttons. You may then click to go Back to review or change information, file your claim, or click "I Do Not Wish to File." If you click I Do Not Wish To File, your application will be saved in the system for two (2) days during which time you can return to submit your claim.

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APPLY FOR BENEFITS: FACT FINDING

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

JEFF R SMITH CLAIMANT ID: 58060636

One or more of your answers has created potentially disqualifying issue(s) on your claim. Additional information must be obtained to determine your eligibility. Click on the link(s) below and provide the requested information. Failure to provide the requested information will delay the payment of your claim, and will result in a decision on your eligibility made only on the information provided on the previous screens.

Issue Type	Information Due By	Link to Additional Information
Mileage Restriction	08/13/2017	Provide Additional Information
Lay Off (SC)	08/13/2017	Provide Additional Information

Warning: This information must be provided by the date(s) shown above, either by completing the forms or contacting the telephone claim center and answering the questions with a claims representative. Wait times or failure to make contact via telephone do not constitute good reason for failure to provide the information by the date(s) shown above.

9/11/2015 2:55:28 PM
Activity by Capgemini Government Solutions

Congratulations! You have now completed the Claim Filing process. There is important information on the confirmation screen. When you have read this information, you can return to the home page.

Good Morning JEFF R SMITH Thursday, August 10, 2017 My Alert Help | Contact | Resources | Logout

APPLY FOR BENEFITS: FACT FINDING

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

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TelClaim

1-866-831-1724

Warning: This information must be provided by the date(s) shown above, either by completing the forms or contacting the telephone claim center and answering the questions with a claims representative. Wait times or failure to make contact via telephone do not constitute good reason for failure to provide the information by the date(s) shown above.

9/11/2015 2:55:28 PM
Activity by Capgemini Government Solutions

If you have any challenges or you need assistance, please call TelClaim at **1-866-831-1724**.