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Title 22@ Social Security

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Division 1@ Employment Development Department

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Subdivision 1@ Director of Employment Development

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Division 1@ Unemployment and Disability Compensation

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Part 1@ Unemployment Compensation

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Chapter 5@ UNEMPLOYMENT COMPENSATION BENEFITS

1326-2 New Claim for Unemployment Insurance Benefits

Article 3@ FILING, DETERMINATION, AND PAYMENT OF UNEMPLOYMENT COMPENSATION BENEFIT CLAIMS

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Section 1326-2@ New Claim for Unemployment Insurance Benefits Filing and Contents

Filing and Contents**(a)**

"New Claim" means an application for the establishment of a benefit year and a computation of the maximum benefits payable and the weekly rate. (For a general description of the claims filing procedures for unemployment benefits, see Section 1326-1 of these regulations.)

(b)

Any person who is an unemployed individual, as defined in Sections 1252 or 1279.5 of the code, may file a new claim. (See Sections 1252-1, 1252.1-1, and 1252.2-1 of these regulations.) The claimant shall file the new claim by contacting the department and shall set forth: (1) His or her first and last name, and middle initial if applicable. (2) His or her social security account number, and any other names and social security account numbers by which the claimant is or was known. (A) The department may require the claimant to verify the social security account number as being the one issued to him or her by the Social Security Administration if the information available to the department indicates that the social security account number presented by the claimant may belong to another individual, is not a valid social security account number, or was never issued by the Social Security Administration, or that the wages shown in the base period of the claim may belong to another individual. (B) If the department requires a

claimant to verify the social security account number which he or she has provided to the department during the claim application, the claimant must submit verification of his or her social security account number through the Social Security Administration, or he or she may submit to the department a copy of his or her annual statement issued to him or her by the Social Security Administration. (3) His or her date of birth, including month, day, and year. (4) His or her gender. (5) His or her current mailing address. (6) His or her current residence address. (7) His or her driver's license number or identification card number, provided that the driver's license or identification card was issued by a local, state, or federal agency, or a foreign government, and the card contains his or her full name, date of birth, and photograph. (8) The date he or she last worked for his or her most recent employer. (9) The reason he or she is no longer working for his or her most recent employer. The department shall promptly notify the individual's most recent employer of the reason the individual has given as to the reason he or she is no longer working for his or her most recent employer. The department may use the claimant's statement as to the reason he or she is no longer working for his or her most recent employer to assign the individual an appropriate seek work plan. (10) The name and mailing address of his or her most recent employer, except in cases where due to reasons beyond the claimant's control, the claimant does not know the name or address of his or her most recent employer. For example, the claimant may have no record of wages paid, or his or her most recent employer may now be out of business, the employer may have moved, or the employer may have died. (11) The name or names of his or her base period employer or employers; the estimated wages that individual earned during the base period; and the approximate periods of employment for that individual with the base period employer or employers. If the

information available to the department indicates that the wages reported for that individual may not belong to that individual, the department may require that individual to provide information to substantiate that he or she earned the reported wages (12) Whether he or she in the 19 months preceding the filing of a new claim served in the United States armed forces, or worked for an agency of the State of California, of another state or of the federal government, or worked for an employer in another state. (13) Whether he or she has filed a claim for unemployment insurance or disability insurance against California, against another state or against the federal government in the past 24 months. (14) Whether he or she is a member of a union, and if so, the name and number of the union local, and whether he or she is registered as out of work with his or her union. (15) Whether he or she is unemployed or working part time and knows the law requires true and complete answers, and that he or she may be required to register for work (as defined in Section 1251-1 of these regulations). (16) A statement that the claimant is a citizen or national of the United States and, if not, that the claimant is in a satisfactory immigration status, as defined in Section 1326-13(c)(1) of these regulations. The claimant shall also make the statement set forth in Section 1264-1(d) of these regulations, as to his or her citizenship or immigration status during the base period. (17) Such other information as the department may require.

(1)

His or her first and last name, and middle initial if applicable.

(2)

His or her social security account number, and any other names and social security account numbers by which the claimant is or was known.(A) The department may require the claimant to verify the social security account number as being the one

issued to him or her by the Social Security Administration if the information available to the department indicates that the social security account number presented by the claimant may belong to another individual, is not a valid social security account number, or was never issued by the Social Security Administration, or that the wages shown in the base period of the claim may belong to another individual. (B) If the department requires a claimant to verify the social security account number which he or she has provided to the department during the claim application, the claimant must submit verification of his or her social security account number through the Social Security Administration, or he or she may submit to the department a copy of his or her annual statement issued to him or her by the Social Security Administration.

(A)

The department may require the claimant to verify the social security account number as being the one issued to him or her by the Social Security Administration if the information available to the department indicates that the social security account number presented by the claimant may belong to another individual, is not a valid social security account number, or was never issued by the Social Security Administration, or that the wages shown in the base period of the claim may belong to another individual.

(B)

If the department requires a claimant to verify the social security account number which he or she has provided to the department during the claim application, the claimant must submit verification of his or her social security account number through the Social Security Administration, or he or she may submit to the department a copy of his or her annual statement issued to him or her by the Social Security Administration.

(3)

His or her date of birth, including month, day, and year.

(4)

His or her gender.

(5)

His or her current mailing address.

(6)

His or her current residence address.

(7)

His or her driver's license number or identification card number, provided that the driver's license or identification card was issued by a local, state, or federal agency, or a foreign government, and the card contains his or her full name, date of birth, and photograph.

(8)

The date he or she last worked for his or her most recent employer.

(9)

The reason he or she is no longer working for his or her most recent employer. The department shall promptly notify the individual's most recent employer of the reason the individual has given as to the reason he or she is no longer working for his or her most recent employer. The department may use the claimant's statement as to the reason he or she is no longer working for his or her most recent employer to assign the individual an appropriate seek work plan.

(10)

The name and mailing address of his or her most recent employer, except in cases where due to reasons beyond the claimant's control, the claimant does not know the name or address of his or her most recent employer. For example, the claimant may have no record of wages paid, or his or her most recent employer may now be out of business, the employer may have moved, or the employer may have died.

(11)

The name or names of his or her base period employer or employers; the estimated wages that individual earned during the base period; and the approximate periods of employment for that individual with the base period employer or employers. If the information available to the department indicates that the wages reported for that individual may not belong to that individual, the department may require that individual to provide information to substantiate that he or she earned the reported wages

(12)

Whether he or she in the 19 months preceding the filing of a new claim served in the United States armed forces, or worked for an agency of the State of California, of another state or of the federal government, or worked for an employer in another state.

(13)

Whether he or she has filed a claim for unemployment insurance or disability insurance against California, against another state or against the federal government in the past 24 months.

(14)

Whether he or she is a member of a union, and if so, the name and number of the union local, and whether he or she is registered as out of work with his or her union.

(15)

Whether he or she is unemployed or working part time and knows the law requires true and complete answers, and that he or she may be required to register for work (as defined in Section 1251-1 of these regulations).

(16)

A statement that the claimant is a citizen or national of the United States and, if not, that the claimant is in a satisfactory immigration status, as defined in Section 1326-13(c)(1) of these regulations. The claimant shall also make the statement set

forth in Section 1264-1(d) of these regulations, as to his or her citizenship or immigration status during the base period.

(17)

Such other information as the department may require.

(c)

Immediately following filing of the new claim, the department shall: (1) Notify the claimant in writing of his or her claim information, as provided by the claimant to the department. The claimant notification may include, but shall not be limited to the following information: (A) The beginning date of the claim filed. (B) The last employer name, address, city, state, and zip code as provided by the claimant. (C) The last day worked as provided by the claimant. (D) The reason no longer working as provided by the claimant. (E) Whether or not the claimant is receiving a pension or other income. (F) Whether or not the claimant is able and available to accept full time work. (G) Whether or not the claimant has the legal right to work in the United States. (H) The social security number provided by the claimant, or the Employment Development Department Client Number assigned to that claimant by the department. (2) Notify the claimant that he or she may contact the department by telephone or in writing to correct any omissions or errors within ten (10) days from the mailing date of the claimant notification. The notification shall specify how to contact the department by telephone or in writing.

(1)

Notify the claimant in writing of his or her claim information, as provided by the claimant to the department. The claimant notification may include, but shall not be limited to the following information: (A) The beginning date of the claim filed. (B) The last employer name, address, city, state, and zip code as provided by the claimant. (C) The last day worked as provided by the claimant. (D) The reason no longer working as

provided by the claimant. (E) Whether or not the claimant is receiving a pension or other income. (F) Whether or not the claimant is able and available to accept full time work. (G) Whether or not the claimant has the legal right to work in the United States. (H) The social security number provided by the claimant, or the Employment Development Department Client Number assigned to that claimant by the department.

(A)

The beginning date of the claim filed.

(B)

The last employer name, address, city, state, and zip code as provided by the claimant.

(C)

The last day worked as provided by the claimant.

(D)

The reason no longer working as provided by the claimant.

(E)

Whether or not the claimant is receiving a pension or other income.

(F)

Whether or not the claimant is able and available to accept full time work.

(G)

Whether or not the claimant has the legal right to work in the United States.

(H)

The social security number provided by the claimant, or the Employment Development Department Client Number assigned to that claimant by the department.

(2)

Notify the claimant that he or she may contact the department by telephone or in writing to correct any omissions or errors within ten (10) days from the mailing date of the claimant notification. The notification shall specify how to contact the department

by telephone or in writing.