

City and County of San Francisco
Gavin Newsom
Mayor



Department of Human Resources
Micki Callahan
Human Resources Director

UNEMPLOYMENT COST CONTAINMENT CLAIMS PROCEDURES

TALX UC eXpress is the agent for our organization in all State unemployment compensation matters.

Proper administration of this program will result in reduced unemployment insurance costs and savings to your organization. **WE NEED YOUR COOPERATION**, and we request that you observe the following procedures:

- Forward by fax or mail all unemployment claims, forms, and notices you receive from State Unemployment Insurance Office to UC eXpress (see address below). **Please remember that we have a limited number of days from the mail date to respond to the State.**
- **DO NOT COMPLETE ANY PART OF THE CLAIM FORM.**
- *Along with the claim notice*, send your **separation information** to UC eXpress. Please include all **supporting documentation** IE resignation letters, warnings, & supporting discharge information. **FULL DOCUMENTATION IS REQUIRED TO PROTECT YOUR RESERVE FROM UI CHARGES.**
- If you receive a telephone inquiry from the State Unemployment Office, (please refer them to UC eXpress - see below). **DO NOT ANSWER THE STATE'S QUESTIONS**, or discuss the former employee's separation with the unemployment agency representative. UCeXpress is your representative with the State agency
- In the event that there is an unemployment hearing scheduled on a former employee, you could be contacted by a UC eXpress representative and asked to participate in the hearing. This may involve your appearance at the hearing proceeding either in person or by telephone

Forward claims, hearings notices & telephone calls from the Unemployment Insurance Offices to:

Talx UCeXpress
P O Box 4121
Concord, CA 94524-4121
Telephone: 925-603 6933
Direct Fax 866 219 8832

Attn: Nancy Moore
E-mail: nmoore@talx.com

TALX UCeXpress™

Telephone:

THIS NOTICE WAS MAILED TO THE EMPLOYER/ADDRESS LISTED BELOW ON:

New Claim:

Additional Claim:

IMPORTANT: NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

This is a notice that a claim for unemployment insurance benefits has been filed. Forward it immediately to persons within your organization who are responsible for handling claims. **The time limit for replying is 10 days from the mail date shown above. Failure to respond may result in an increased Employment Tax Rate.**

The claimant provided us with the following information and listed you as his/her last employer:

Claimant's Name

Social Security Number

Effective Date of Claim:

Last Date Worked:

Reason for Separation:

I. EXPLANATION AND INSTRUCTIONS FOR EMPLOYERS

You have received this form because the individual shown above has filed a claim for unemployment insurance benefits and has listed you as his/her most recent employer prior to filing this claim. **No reply is required if the claimant was laid off due to lack of work and no other eligibility issue has been identified.** For detailed information on employer responsibilities in the unemployment insurance program, our DE 44, California Employer's Guide, is available upon request.

II. REPORTING FACTS - Respond in writing by completing Sections A, B, C on the reverse of this form.

The law requires an employer to submit any facts in his/her possession which may affect a claimant's eligibility for benefits. Furnish information if this claimant:

- Voluntarily quit
- Was discharged or fired for reasons other than lack of work.
- Left work because of a trade dispute.
- Is receiving a pension based on his/her prior work.
- Is working on a full-time basis, or has earnings payable over \$25.99, covering any time on or after the effective date of this claim as shown on the reverse side of this form.
- Is not able to work, available for, or seeking work.
- Has refused employment.
- Is not legally entitled to work in the U.S.
- Performed services as a sports or athletic participant and has reasonable assurance of performing such services in the next season.
- Made false statements or withheld material information in filing for benefits.
- If you are a school employer, also furnish information if the claimant has a contract for or reasonable assurance of returning to work.

Important: Make your response as complete as possible; these facts will be used in determining the claimant's eligibility.

A Department representative may contact you for further eligibility information before the 10 day reply date.

III. TIME LIMITS FOR REPLYING

Submit facts in writing to the field office shown at the top of this form within 10 days of the mail date shown above. If your mailing is late, explain your reasons for delay as the time limit may be extended only for good cause. You may reply on this form in the space provided in Section IV, on additional sheets as needed, or by separate letter. **Always** include your **State Employer Account Number** and include the claimant's Social Security Number as it appears on the claim and in your payroll records.

If you submit facts in a timely manner, a determination will be issued concerning the claimant's eligibility. In addition, if facts are submitted regarding a quit or discharge, a ruling will be issued advising an employer with a reserve account as to whether his/her account will be subject to changes resulting from benefits paid. To obtain a ruling on any prior quit or discharge involving this claimant, you must furnish facts within 10 days of the mail date shown above.

EXCEPTION: You will NOT receive a determination and/or ruling in response to your submission of eligibility information if the claimant does not certify for a compensable week in the benefit year of this claim. There can be no charges to your account if no benefits are claimed. The determination and/or ruling is deferred until such time as benefits are claimed. If you receive notice (DE 1101C, DE 1101C/Z/, or DE 1545) that a later benefit year has been established, you must resubmit any facts you now furnish to be entitled to a determination and/or ruling based on such facts.

ADDITIONAL INFORMATION ON EMPLOYER RESPONSIBILITIES IS SHOWN ON THE REVERSE

Mail your response to the EDD office shown in the above upper left-hand corner.

IV. REPORTING ELIGIBILITY INFORMATION: Do not return this form unless Sections A or B are completed. It is necessary to complete Section C for all responses.

A. REPORTING FACTS:

Claimant Social Security Number _____ - _____ - _____ Date Last Worked was: _____ - _____ - _____
(from your payroll records) (Month Day Year)

B. OTHER COMPENSATION:

Complete the following if you paid or will pay any compensation, aside from regular salary, covering any time on or after the effective date of this claim. No entry is required if the claimant has been separated from your employ for any indefinite period and has or will receive only vacation pay.

Amount \$ _____ Type of Payment _____ for period from _____ through _____

C. EMPLOYER CERTIFICATION: THE ABOVE STATEMENTS WERE TAKEN FROM BUSINESS RECORDS OR ARE BASED ON KNOWLEDGE OF THE UNDERSIGNED.

PRINT name of person to contact for further information:

Name of contact: _____ Telephone No. (_____) _____ - _____ Ext. _____

Employer _____ Date: _____

STATE EMPLOYER
ACCOUNT NO.: _____ - _____

Signed By: _____

V. ELIGIBILITY DETERMINATION

It may be necessary to contact you by telephone or letter for eligibility information if an issue is identified by the field office. Regardless of whether such contact is made however, unless you respond to the notice by mail as described in this notice, you will not be entitled to a written notice of the Department's decision.

IMPORTANT:

- If, in the future, you obtain facts which may affect the claimant's eligibility, you should submit such facts in writing within **10 days** of the date you acquire the information.
- Section 1142 of the UI Code provides for the assessment of cash penalties against an employer who willfully makes a false statement or wilfully fails to report a material fact regarding the termination of a claimant's employment.
- Section 2101 of the UI Code provides that it is a misdemeanor to willfully make a false statement or knowingly fail to disclose a material fact to obtain, increase, reduce, or defeat any payment of benefits.

PLEASE MAIL YOUR RESPONSE TO THE EDD OFFICE AND ADDRESS SHOWN IN THE UPPER RIGHT-HAND CORNER ON THE REVERSE SIDE OF THIS FORM.