



# How to File Your Initial Claim in the New MyBenefits Portal

The screenshot shows the DEW website with a blue header. On the right side of the header, there are two buttons: "MyBenefits Login" and "SUITs Portal". The "MyBenefits Login" button is circled in red. Below the header, there's a large graphic of a magnifying glass over a crowd of people. To the right of the graphic, text reads: "In 2017, 42,217 people with barriers to employment were hired by South Carolina employers who took advantage of the Work Opportunity Tax Credit (WOTC) opportunity." Below that, it says: "As a result, \$114,219,000 potential tax credits through WOTC were issued to those South Carolina businesses." At the bottom of the page, there are four circular icons with text below them: "How do I find a job or an Employee?", "How do I file an unemployment claim?", "How do I maintain benefit eligibility?", and "What resources are available for my business?".

Go to [dew.sc.gov](http://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.

The screenshot shows the "ACCOUNT LOGIN" page. It has fields for "Your Username is:" (dewSmith) and "Password:". Below these is a CAPTCHA challenge: "To prove you are a human and not a computer trying to access the system, check the box below." A checkbox labeled "I am human." is checked. At the bottom of the login form, there are links: "Forgot your username / password?", "I am new here. I need to Register Now.", and "Logon". The "Register Now" link is circled in red. The background of the page features a photograph of the South Carolina State Capitol building at night.

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.

The screenshot shows the "ACCOUNT LOGIN" page with a large banner at the top that reads: "While receiving benefits you must: File weekly benefits claims Be Able, Available & Actively Seeking". Below the banner, the login form is visible, including the "Your Username is:" field (dewSmith), "Password:" field, and the CAPTCHA section. The "I am human." checkbox is checked. At the bottom of the login form, there are links: "Forgot your username / password?", "I am new here. I need to Register Now.", and "Logon". The "Register Now" link is circled in red. The background of the page features a photograph of the South Carolina State Capitol building at night.

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



Good Morning Thursday, August 10, 2017 Help | Contact | Resources | Logoff

## Benefit Week:

ACCOUNT LOGIN

Fields marked with an asterisk (\*) are required.

Username:  \* Password:  \* I am human:  Yes, I am human.

[Login](#)

Forgot your username / password?  
I am new here. I need to [Register Now!](#)

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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.

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### CUSTOMER MENU

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10802636

Customer Menu Claimant Homepage Change Personal Info Change Security Prof Confirmation History Debit Card Website Determination History Appeal Information My Documents

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

Welcome to the South Carolina Department of Employment and Workforce Claimant Self Service website. Click on the title to choose the services you wish to use from the following options:

[File a New Unemployment Insurance Claim](#)

Equal Opportunity Employer Program. Auxiliary aids and services are available upon request. Requests for reasonable accommodation should be made to 803 737 2400, 711 (TTY).

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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."

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### BEFORE YOU BEGIN

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10802636

Before you login, you will need the following information:

- ALL INDIVIDUALS: Your Social Security Number.
- ALL INDIVIDUALS: Your work history for the past 5 years (including the name, address, telephone number, employment dates, rate of pay, total earnings and information about your job separation for each employer). You must know the amount you earned from each employer.
- ALL INDIVIDUALS: In the event you qualify for benefits, and you would like your unemployment payments to be directly deposited into your bank account, you will need your bank routing number and account number. You can obtain this information from your bank.
- NON-CITIZENS: Alien number and expiration date from your Employment Authorization Document.
- FORMER FEDERAL EMPLOYEES: SF-50 form (or SF-8 form and pay stubs) (if you were a federal employee within the past two years).
- FORMER MILITARY PERSONNEL: At least one of the following: most recent DD214 Member 4, orders to report, orders of release, military earnings and leave statement, and/or W-2 form(s) from your employer. If this is the first claim you are filing since release from the military and you do not live in SC, contact the State Workforce Agency in the state that you are physically located for assistance in filing your claim.
- If applying for Disaster Unemployment Assistance (DUA) and you are self-employed or a farmer, a copy of your most recently filed income tax return or quarterly estimated income tax payment (if applying for Disaster Unemployment Assistance (DUA) and you are self-employed or a farmer is required).

Because you are being asked to furnish your social security number on the unemployment benefit application, the Privacy Act of 1974 requires that you are provided the following statement:

Your social security number is solicited under the authority of the Internal Revenue Code of 1954 [26 U.S.C. 85, 6011(e), 6098 and 6099(x)]. Disclosure of your social security number for this purpose is mandatory and must be entered on the forms you submit to claim unemployment compensation.

Your social security number will be used to:

- Report your unemployment compensation to the Internal Revenue Service as income that is potentially taxable.
- Process and store your claim for statistical purposes.
- Verify your eligibility for benefits.

If you decline to provide your social security number, your claim cannot be processed.

[Next](#)

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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.



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**CUSTOMER MENU**

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092642

Customer Menu Claimant Homepage Change Personal Info Change Security Prof Confirmation History Debit Card Website Determination History Appeal Information My Documents

**ADVICE:** 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.

E405 SHIRLEY ST, COLUMBIA SC 29205-1441 JefferySmith@scgov.net

Welcome to the South Carolina Department of Employment and Workforce Claimant Self Service website. Click on the title to choose the services you wish to use from the following options.

**Resume My UI Claim** (button circled in red)

Equal Opportunity Employer Program Auxiliary aids and services are available upon request. For individuals with disabilities 803.737.2450, TTY (711)

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SC GOV

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.

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**ELIGIBILITY**

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092636

Customer Menu Claimant Homepage Change Personal Info Change Security Prof Confirmation History Debit Card Website Determination History Appeal Information My Documents

**ADVICE:** 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.

Eligibility Questions

Indicate from what location you are filing your claim: One Stop Center

\*Have you applied for or are you receiving benefits from any state or federal programs?  Yes  No

**Next** (button with a red arrow pointing to it)

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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.

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**APPLY FOR BENEFITS: EMPLOYMENT QUESTIONS**

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092636

Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

**ADVICE:** 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.

Employment Questions

Fields marked with an asterisk \* are required.

\*Has all of your employment been in another state since 02/10/2016?  Yes  No

\*Has any of your employment been in another state since 02/10/2016?  Yes  No

\*Have you served in the Military since 08/10/2015?  Yes  No

\*Have you been employed as a civilian by the Federal Government since 08/10/2015?  Yes  No

\*Have you worked for a school or educational institution since 02/10/2016?  Yes  No

\*Are you a Longshoreman who has been assigned work by a Longshoremen union since 02/10/2016?  Yes  No

\*Are you an elected official?  Yes  No

**Next** (button with a red arrow pointing to it)

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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**

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
CLAIMANT ID: 100092636

Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

**ADVISEMENT:** Please do not use your Internet browser "Back" button. 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?  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**

STI SC C:S3 2017-08-08 22:28 v1106  
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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**

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
CLAIMANT ID: 100092636

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

**INSTRUCTIONS:** Initial Filing  
1. Make sure every Military and Federal Employer you worked for since <24 months> through today is listed.  
2. Make sure every Military and Federal Employer you worked for since <24 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.

Add South Carolina Employer    Add Federal Employer    Add Military Employer    Add Out of State Employer

**Notes:** 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**

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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**

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
CLAIMANT ID: 100092636

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 <24 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.

Add South Carolina Employer    Add Federal Employer    Add Military Employer    Add Out of State Employer

**Notes:** 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**

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



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APPLY FOR BENEFITS: ADD SC EMPLOYER  
dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092636

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

Please provide your employer by using one of the following options:

Option 1: Enter the Employer Name and click on the Search button

Smith Consulting

Option 2: If you're unable to find your employer from above, click on the Manual Entry button

Employer Selected

South Carolina Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

STI SC C55 2017-08-09 22:28 v8 190  
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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.

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APPLY FOR BENEFITS: SEARCH SC EMPLOYER  
dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092636

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

Fields marked with an asterisk (\*) are required.

Employer Name\*:  OR Employer FEIN #:   
Phone Number:  Zip Code:

Select an Employer, then click on the Add Employer button

SAGESMITH CONSULTING LLC

Can't find your South Carolina Employer? [Click here](#) to add the employer manually.

PO BOX 278 CHARLOTTE NC, 28244-0278  
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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.

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APPLY FOR BENEFITS: SEARCH SC EMPLOYER  
dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092636

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

Fields marked with an asterisk (\*) are required.

Employer Name\*:  OR Employer FEIN #:   
Phone Number:  Zip Code:

Select an Employer, then click on the Add Employer button

SAGESMITH CONSULTING LLC

Can't find your South Carolina Employer? [Click here](#) to add the employer manually.

PO BOX 278 CHARLOTTE NC, 28244-0278  
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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  
dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092636

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

Fields marked with an asterisk (\*) are required.

\* Name of Employer as listed on W-2 or Paycheck: Smith Consulting  
Employer's 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  
\* 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  
dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 100092636

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 street name, or a street or using street instead of avenue, etc. To proceed with the address entered, mark "User 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 4257

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 4257 Validate  
Phone Number: 803-555-5555 (xxx-xxx-xxxx)  
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  
\* Zip Code: 29201 4257 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 consider myself self-employed or an independent contractor  
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 Stub  Non-Payroll Check Stub  
 Tax Return  Employee Labor  Non Available  
 Other

Add Employer

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



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APPLY FOR BENEFITS: ADD SC EMPLOYER

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10092636

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

Please provide your employer by using one of the following options:

Option 1 Enter the Employer Name and click on the Search button  Search

Option 2 If you're unable to find your employer from above, click on the Manual Entry button

Employer Selected  Smith Consulting, DBA Smith Consulting 200 MAIN ST COLUMBIA SC, 29201

South Carolina Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

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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.

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APPLY FOR BENEFITS: EMPLOYMENT HISTORY

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10092636

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

INSTRUCTIONS:  
1. Make sure every employer you worked for since 08/01/2016 through today is listed.  
2. If you worked for a Military and Federal Employer you worked for since <24 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 class of employment and the type of work you did (either full time or part time).

Employer Name  Smith Consulting Dates of Employment   08/01/2016  (mm/dd/yyyy) to  08/02/2017  (mm/dd/yyyy)

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.

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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.

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APPLY FOR BENEFITS: COLLECT SEPARATION INFORMATION

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10092636

Initial Filing Employment Separation Other Work Search Summary Submit Confirmation

Select the "Provide Additional Information" link(s) for each employer and complete all questions asked.

Once you have completed all information for each employer, you will automatically be directed to the next page.

Smith Consulting, DBA Smith Consulting

SIT IC CS 2017-08-09 22:28 v1.10 Acuity by Cognizant Government Solutions

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**

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
CLAIMANT ID: 100092636

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/slow down in business

\* If you quit or discharge select the reason why:  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? \$ 40000

\* Are you an owner, corporate officer, or shareholder 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**

MT SC C:55 2017-08-08 22:28 v8.190  
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This screen has questions related to your separation. Complete the fields and then click Next.

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**APPLY FOR BENEFITS: OTHER SEPARATION**

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
CLAIMANT ID: 100092636

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?

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

Preferred payment Method:

**Next**

MT SC C:55 2017-08-08 22:28 v8.190  
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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**

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
CLAIMANT ID: 100092636

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?

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

Preferred payment Method:

**Direct Deposit** **Debit Card**

**Next**

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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

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10092636

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 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

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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

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10092636

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 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

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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

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE CLAIMANT ID: 10092636

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?  12.00 Hour  Yes  No  
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

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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:

<b>Driver's license class :</b> (select all that apply)
<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Regular Operator License <input type="checkbox"/> E Motorcycle
<b>Commercial driver's license classes :</b> (select all that apply)
<input type="checkbox"/> Hazmat <input type="checkbox"/> Tank <input type="checkbox"/> Passenger <input type="checkbox"/> Double Triple <input type="checkbox"/> Hazardous Tank <input checked="" type="checkbox"/> None
<b>Commercial driver's license restrictions :</b> (select all that apply)
<input type="checkbox"/> Airbrakes <input type="checkbox"/> School Bus <input type="checkbox"/> Class A Except Bus <input type="checkbox"/> Class A Except Tractor-Trailer Double <input type="checkbox"/> None

**Next**

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

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

JEFF R SMITH

**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.

Select up to 6 counties where you are willing to work

Work Counties:

- ABEVILLE
- ANDERSON
- BARNETT
- CHARLESTON
- CHESTERFIELD
- DARLINGTON
- EDGEFIELD
- GEORGETOWN
- HAMPTON
- KERSHAW
- LEE
- MARION
- OCONEE
- RICHLAND
- SALTER
- YORK
- ADEN
- BAMBERG
- BERKELEY
- CHEROKEE
- CLARENDON
- DODDING
- FAIRFIELD
- GREENVILLE
- Horry
- LANCASTER
- LEXINGTON
- MARLBORO
- ORANGEBURG
- SALLOA
- UNION
- ALLENDALE
- BARNWELL
- CALHOUN
- CHESTER
- COLLETON
- DORCHESTER
- FLORENCE
- GREENWOOD
- GEORGETOWN
- JASPER
- LAURENS
- MCCRIMICK
- NEWBERRY
- PICKENS
- SPARTANBURG
- WILLIAMSBURG

**Next**

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

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## APPLY FOR BENEFITS: JOB ELIGIBILITY QUESTIONS

**dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
CLAIMANT ID: 18009265

[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.

---

Filed 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 experience and training. You will need to select two types of jobs for this section.



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APPLY FOR BENEFITS: JOB ELIGIBILITY QUESTIONS  
SOUTH CAROLINA

Jeff R SMITH Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

ADVISEMENT: Please answer all questions 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

Kinds of Jobs Seeking / ONET?: Architectural and Engineering Manager  
Years of Experience / Training: Greeter than one year

Secondary Choice  
Kinds of Jobs Seeking / ONET?: Architectural Drafters  
Years of Experience / Training: Greeter than one year

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?: 40000  
Unit of pay: Year  
Travel Miles: 0-5  
Location  
We would like to know how flexible you are pertaining to job location.

Are you willing to relocate?:  
Are you willing to travel at least the same distance as you last traveled to your last job?:  
Your transportation methods:  
Walk    Bicycle    Car Pool    Public Transportation  
Automobile    Other    None

Availability Start Date

Enter occupation code/skill:  Search

Select your occupation below by either selecting the letter your occupation begins with, or enter search criteria to find your occupation. This information is for statistical purposes. If you cannot find your exact occupational match, select the one that best represents your occupation.

ABCDEFHJKLMNPRSTUVWXYZ  
OR

Please Review the following criteria:  
 Archaeologist     Archaeologists  
 Architects, Except Landscape and Naval     Architects, Except Landscape and Naval  
 Architectural Drafters     Architectural and Civil Drafters  
 Architectural and Engineering Managers     Architecture Teachers, Postsecondary

Select    Cancel

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.

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

Kinds of Jobs Seeking / ONET?: Architectural and Engineering Manager  
Years of Experience / Training: Greeter than one year

Secondary Choice  
Kinds of Jobs Seeking / ONET?: Architectural Drafters  
Years of Experience / Training: Greeter than one year

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?: 40000  
Unit of pay: Year  
Travel Miles: 0-5  
Location  
We would like to know how flexible you are pertaining to job location.

Are you willing to relocate?:  
Are you willing to travel at least the same distance as you last traveled to your last job?:  
Your transportation methods:  
Walk    Bicycle    Car Pool    Public Transportation  
Automobile    Other    None

Availability Start Date

When are you available to work?  
Immediately?:  
Are you willing to accept at least the last amount you earned on your last job?:  
Dependent Care Requirements  
Does a lack of childcare or dependent care affect your ability to work?:  
Yes    No    Not Applicable

Next

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.

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APPLY FOR BENEFITS: JOB AND AVAILABILITY SCHEDULE  
SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

Jeff R SMITH Initial Filing Employment Separation Other Separation Work Search Summary Submit Confirmation

Enter Job Schedule  
Using the Start time Field, enter your last job's schedule by selecting the start time box and selecting the time from the drop down. Repeat this for the End time Field. Then check the appropriate day of the week for this time schedule. If your schedule is the same each day, check each day of the week or select Weekdays(WD). For weekend hours, select Weekend(WE). If you can work the same hours everyday, select every Day(ED). Click "Add to Schedule" and you can now add other times slots worked. The "Clear Schedule" link clears the entire schedule you have entered. The "Remove" link deletes only that line of the schedule. If you can work varying hours, repeat the schedule process for each day of the week. When you have completed your schedule, click Next to continue.

Start End   
08 : 00 : AM 05 : 00 : PM   
 WE  ED  S  M  T  W  T  F  S  Clear Schedule  
WD-Weekday WE-Weekend ED-Everyday

Add to Schedule

Are you willing to work the same hours/shifts/days you worked on your last job?: Yes    No

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.



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.

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.

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

**WARNING**

Penalties and consequences for providing false information

Unemployment Insurance/UIT 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
- Imprisonment
- Repaying any inappropriately 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 SC.gov 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 your claim.

<http://dew.sc.gov/docs/default-source/worksearch/work-search-all-rev-4-30.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 the handbook or access it at any time.

**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. I understand that the handbook is not an excuse to prevent being found ineligible for benefits. I accept my responsibilities

**Buttons**

Back | File My Claim | Do Not Wish To File

SC.GOV

SC

11:30:00 CEST 2017-08-06 22:28 v1.100

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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.

Good Morning JEFF R SMITH

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**APPLY FOR BENEFITS: FACT FINDING**

**dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE**

CLAIMANT ID: 180002636

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 screen.

**Issue Type** **Information Due By** **Link to Additional Information**

Mileage Restriction	08/19/2017	Provide Additional Information
Lay Off (SC)	08/19/2017	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.

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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

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**APPLY FOR BENEFITS: FACT FINDING**

**dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE**

CLAIMANT ID: 180002636

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 screen.

**Issue Type** **Information Due By** **Link to Additional Information**

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**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.

**TelClaim**  
**1-866-831-1724**

11:30:00 CEST 2017-08-06 22:28 v1.100

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