

**Archdiocese of Washington
Unemployment Compensation Program**

Email this completed form to: UIClaims@s3managementgroup.com

BENEFIT CLAIM FORM for Benefits for the WEEK Ending _____ **(Saturday)**

Full Name of Claimant: _____

Address: _____

City, State Zip: _____

Is this a new address? ☐ Yes ☐ No

Social Security Number **(last 4 digits only)**: _____

Last Employing Location: _____

CLAIMANT ACKNOWLEDGEMENT

By signing this form, I acknowledge that I can lose my right to benefits if I make false statements to obtain benefits. I understand that the Archdiocese offers the Unemployment Compensation Program on a voluntary basis, and that no contractual or other legal obligation shall be construed to arise out of the Program, any benefits paid by the Archdiocese, or this form. I claim benefits for the week shown above and certify that my answers to the questions on this form are true.

1. Were you ready, willing, and able to work during the week shown above? YES ☐ NO ☐

2. Do you have a disability that affects your ability to work? YES ☐ NO ☐

3. Did you actively look for work during the week shown above? If yes, list contacts below. YES ☐ NO ☐

DATE	NAME AND ADDRESS OF PLACE CONTACTED	HOW CONTACTED	RESULT

4. Did you work either full- or part-time during the week shown?
(If yes, complete section below) YES ☐ NO ☐

A. Name and address of employer(s) _____

B. Date started: _____ Week 1: Gross Earnings \$ _____

5. Did you receive vacation pay, dismissal payments, and wages for week shown above? YES ☐ NO ☐

6. Are you receiving or have you applied for a pension? YES ☐ NO ☐

If your pension was changed during the week shown above, give the monthly

Old amount \$ _____ New amount \$ _____

7. Did you refuse any jobs during the weeks shown above? YES ☐ NO ☐

8. Are you self-employed? YES ☐ NO ☐

Claimant's Signature _____ **Date Signed** _____

FOR OFFICE USE ONLY

___ WEEK (S) REMAINING AFTER THIS PAYMENT

Week # _____ Total _____ Approval _____ Date _____