

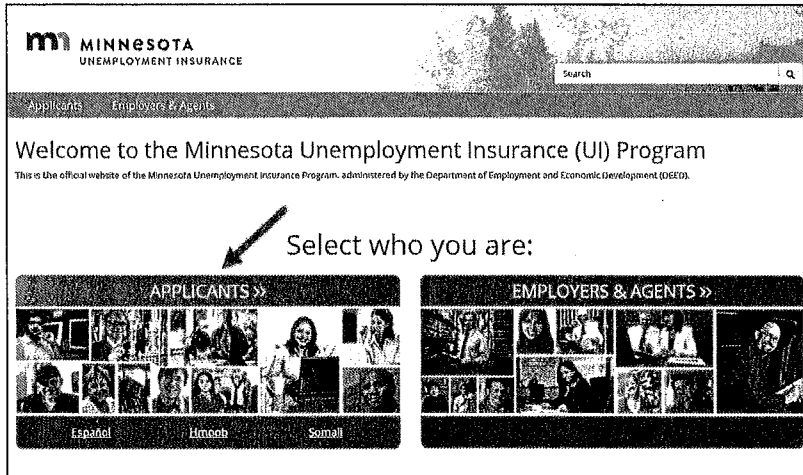
For Self-Employed and Contract Workers

Step-by-step guide to completing the UI Application during COVID-19

We are currently processing more applications for unemployment benefits than we have ever received before. To ensure our online system can handle the increased activity, we are asking **new applicants to apply on an assigned day**. The day you file for benefits will not affect the amount of benefits you receive.

If the last digit of your Social Security number is:	Apply online 6 A.M. to 8 P.M. on this day of the week:
0, 1 or 2	Monday
3, 4 or 5	Tuesday
6, 7, 8, or 9	Wednesday
Any	Thursday
Any	Friday

STEP 1. Go to www.uimn.org and select Applicants.



STEP 3. Start your application.

If you have never applied for Minnesota unemployment benefits, on your scheduled day, enter your Social Security number and then select **Start**.

MINNESOTA UNEMPLOYMENT INSURANCE

Applicant Self-Service *Indicates Required Field

Welcome to the Minnesota Unemployment Insurance Benefits System

The system is available Sunday through Friday from 6:00 A.M. to 8:00 P.M. Central Time.

New Applicants

What day can I apply for benefits?

Last digit of your SSN	Day of week
0, 1 or 2	Monday
3, 4 or 5	Tuesday
6, 7, 8 or 9	Wednesday
Any	Thursday
Any	Friday

Apply for unemployment benefits and create an account

1. Enter your Social Security number.

*Social Security Number (no dashes)

If you enter your Social Security Number incorrectly your identity cannot be authenticated, and benefits will be denied indefinitely.

Existing Applicants

What day can I request benefits?

Last digit of your SSN	Day of week
0, 1 or 2	Monday
3, 4 or 5	Tuesday
6, 7, 8 or 9	Wednesday
Any	Thursday
Any	Friday

Log in to your account

*Social Security Number (no dashes)

*Password

Forgot your password

If you have previously had a Minnesota unemployment benefit account, enter your Social Security number, password and then select **Login**. If you do not remember your password, select the checkbox for **Forgot your password** and then Login. Follow the steps on the page to reset your password.

New Applicants

What day can I apply for benefits?

Last digit of your SSN	Day of week
0, 1 or 2	Monday
3, 4 or 5	Tuesday
6, 7, 8 or 9	Wednesday
Any	Thursday
Any	Friday

Apply for unemployment benefits and create an account

1. Enter your Social Security number
2. Enter your Password.

*Social Security Number (no dashes)

If you enter your Social Security Number incorrectly your identity cannot be authenticated, and benefits will be denied indefinitely.

If you forgot your password, select the checkbox **Forgot your password**, and then Login.

Existing Applicants

What day can I request benefits?

Last digit of your SSN	Day of week
0, 1 or 2	Monday
3, 4 or 5	Tuesday
6, 7, 8 or 9	Wednesday
Any	Thursday
Any	Friday

Log in to your account


*Social Security Number (no dashes)

*Password

Forgot your password

STEP 5. Read the Data Privacy Authorization.

Select **Yes**, and then **Next** to move to the next page.

Data Privacy Authorization			
<p>The information you provide will be used by the Department of Employment and Economic Development to determine your eligibility for unemployment insurance benefits and help you look for work.</p> <p>United States Code Title 42 section 1320b-7 requires that applicants provide their social security number to be eligible for unemployment benefits. Minnesota Statute 268.07 requires applicants must be unemployed at the time the application is filed and that they must provide all of the information requested. Incomplete applications cannot be processed.</p> <p>Employers are authorized by law to provide information on your dates of employment, wages paid, and why you left employment. Information you provide about why you left specific employment may be disclosed to that employer, so your eligibility for benefits and the effect on the employer can be determined.</p> <p>Information you or your employer provide to the Unemployment Insurance Program is classified as private under Minnesota law. It cannot be disclosed without your written permission except as specified in state or federal law. Below is a partial list of agencies that may obtain information you provide the Unemployment Insurance Program.</p> <table border="0"><tr><td><ul style="list-style-type: none">• Child Support Enforcement Agencies• Federal and State Law Enforcement• Internal Revenue Service• Minnesota Department of Revenue</td><td><ul style="list-style-type: none">• Social Security Administration• State and Local Public Assistance Agencies• Unemployment Insurance Programs in other States• U.S. Immigration and Customs Enforcement</td></tr></table> <p>Minnesota Statute 268.19 has the complete list of agencies that may obtain your information from the Unemployment Insurance Program. Information you provided may be verified with these agencies through electronic matching.</p>		<ul style="list-style-type: none">• Child Support Enforcement Agencies• Federal and State Law Enforcement• Internal Revenue Service• Minnesota Department of Revenue	<ul style="list-style-type: none">• Social Security Administration• State and Local Public Assistance Agencies• Unemployment Insurance Programs in other States• U.S. Immigration and Customs Enforcement
<ul style="list-style-type: none">• Child Support Enforcement Agencies• Federal and State Law Enforcement• Internal Revenue Service• Minnesota Department of Revenue	<ul style="list-style-type: none">• Social Security Administration• State and Local Public Assistance Agencies• Unemployment Insurance Programs in other States• U.S. Immigration and Customs Enforcement		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Next Back </p>			
<p>To navigate in the registration process use the Next or Back buttons at the bottom of the page. Do not use the "Back" or arrow buttons on your browser.</p>			
<p><small>Accessibility Privacy and security System requirements</small></p>			

STEP 7. Applicant Authentication.

Enter your Social Security number (no dashes). Answer the other questions and then select **Next**.

Applicant Authentication	
Complete the questions below to begin the authentication process:	
1. Enter your Social Security Number:	<input type="text"/> (No Dashes)
2. *Confirm your Social Security Number:	<input type="text"/> (No Dashes)
3. *Birth Date:	<input type="text"/> (mm/dd/yyyy)
4. *Gender:	<input type="radio"/> Male <input type="radio"/> Female
5. *Do you have a Drivers License or State ID?	<input type="radio"/> Yes <input type="radio"/> No
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Back"/>	
<small>Accessibility Privacy and security System requirements</small>	

STEP 8. Applicant Authentication – continued.

If you selected 'Yes' to the question "Do you have a **Driver's License** or State ID?" you will need to provide your **Driver's License #** or State ID # (no dashes). Select **Next**.


Applicant Authentication	
Complete the questions below to begin the authentication process:	
1. *Issuing State:	<input type="text" value="Minnesota"/>
2. *Drivers License # or State ID #:	<input type="text"/> (No Dashes)
3. *First Name (as it appears on your Social Security card):	<input type="text"/>
4. Middle Initial:	<input type="text"/>
5. *Last Name (as it appears on your Social Security card):	<input type="text"/>
6. Suffix (e., Jr., Sr.):	<input type="text"/>
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Back"/>	
<small>Accessibility Privacy and security System requirements</small>	

STEP 10. Your contact information.

Enter your address, telephone number, and email address (if you have one). Select **Next**.

During COVID-19, we may use your email address to send you periodic messages about your account.

We are not currently able to answer questions about accounts via email.

General Information - Contact Information	
First Name:	
Middle Initial:	
Last Name:	Suffix:
1. In care of (c/o):	(if applicable)
2. * Street Address or PO Box:	(Include apartment or unit number)
3. City:	
4. State / Province:	(Select one) (U.S. and Canadian only)
5. * Zip / Postal code:	
6. County of Residence:	(Select one) (Minnesota Residents only)
7. * Country:	UNITED STATES OF AMERICA
8. * Telephone Numbers - U.S. or Canada only	
Home:	() - () - ()
Cell:	() - () - ()
Other:	() - () - ()
9. Telephone Number - Non U.S. or Canada:	
10. * When possible, would you like to view your mail via Email, instead of by U.S. Mail?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, enter Email Address:	
Confirm Email Address:	
Keep the address on your account up-to-date for at least four years after your last request for benefit payment. Even after you stop requesting benefits, your account may be audited or we may need to contact you for other reasons. If we can't reach you, audit findings will be made without your input, and you will be responsible for any overpayments that might result.	
<input type="button" value="Previous"/> <input type="button" value="Next"/> 	
Accessibility Privacy and security System requirements	

STEP 13. Work information.

Answer each question as it applies to you.

Note: Most unions in Minnesota are not hiring hall unions.

If you know when you will go back to work, answer 'Yes' to the question "Do you have a definite recall date?" Enter that date. Keep that date handy for additional questions later in the application process.

If you do not expect to go back to work or are not sure when you will go back to work, answer 'No' to the question about your recall date.

General Information - Work Information

*Are you a current member in good standing of a union that Yes No


- requires you to seek work through that union's hiring hall; or
- assists you in finding work?

If Yes, select one of the following
(Select one)

*Is your employment seasonal? Yes No

*Do you have a definite recall date? Yes No

If "Yes", what is your recall date? / / (mm/dd/yyyy)



Accessibility | Privacy and security | System requirements

STEP 15. Describe your work – continued.

Select your trade or occupation and then select Next.


For this example, the category that best describes the person's trade or occupation is *Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop*.

Describe your work

You selected **Food preparation and services** as your type of work.

* Select your trade or occupation:

- Bartenders
- Cooks
- Dining Room and Cafeteria Attendants and Bartender Helpers
- Dishwashers
- Fast Food and Counter Workers
- First-Line Supervisors/Managers, Food Preparation and Serving Workers
- Food Preparation Workers
- Food Servers, Nonrestaurant
- Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop
- Miscellaneous Food Preparation and Serving Related Workers
- Waiters and Waitresses



Accessibility | Privacy and security | System requirements

STEP 18. Payment method.

Select how you would like to receive your benefit payments.

There are two choices: debit card or direct deposit. If you have a bank account, direct deposit is the most convenient way to ensure faster payments. Select the method you would like and then select **Next**.

Payment method

* Select your payment method:

Direct deposit to a personal bank account in the U.S.

Unemployment debit card

Note: You can change your payment option or direct deposit information at any time.


[View system security information](#)

[Previous](#) [Next](#)

[Accessibility](#) | [Privacy and security](#) | [System requirements](#)

STEP 18b. Payment method – Unemployment debit card.

If you chose debit card instead, review the *important information about unemployment debit card fees*, select **Yes**, and then select **Next**.

Unemployment debit card	
Select the link below to view important information required by law:	
You are required by law to view this important information about unemployment debit card fees.	
* I have read the information about unemployment debit card fees.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Previous Next 	
Accessibility Privacy and security System requirements	

STEP 20. Employment Information.

Review the list of your known employers.

If you worked as an employee, you may see an employer listed. You will have to add your self-employment later. Go to step 21.

If your only employment was self-employment, you will not see an employer listed. Go to step 23.

Example if you had another employer besides self-employment (go to STEP 21):

Employment Information	
A complete list of employment from 10/01/2018 to 03/26/2020 is needed to determine your eligibility and Weekly and Maximum benefit amounts.	
The following is a list of your known employers. Select "Next" to begin entering the needed information about them. (Where did this list come from?)	
You will have the opportunity to add more employers after you have entered information about these.	
Employer's Legal Name	Employer's Business Name
Alpha Bravo Charlie, Inc.	ABC, Inc.
<input type="button" value="Previous"/> <input type="button" value="Next"/>	
<small>Accessibility Privacy and security System requirements</small>	

Example if you had only self-employment (click next and go to STEP 22):

Employment Information	
A complete list of employment from 10/01/2018 to 03/29/2020 is needed to determine your eligibility and Weekly and Maximum benefit amounts.	
The following is a list of your known employers. Select "Next" to begin entering the needed information about them. (Where did this list come from?)	
You will have the opportunity to add more employers after you have entered information about these.	
Employer's Legal Name	Employer's Business Name
(Minnesota)	
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

STEP 21. Detailed employment information – continued.

Complete the questions on this page.

Select COVID-19 as your reason for separation from your employer. Select COVID-19 even if you are still working and your hours have been reduced.

Select Next.

* First day worked:
[] / [] / [] (mm/dd/yyyy)

* Last day worked:
[] / [] / [] (mm/dd/yyyy)
(If you are still working, enter your most recent date worked.)

* Pay rate:
\$ []
 per hour
 per week
 per month
 per year

* Average number of hours worked per week:
[]


* Job title:
[]

* Is this business owned or partially owned by you, your spouse, your parent, or your child?
 Yes No

* Is the employer a temporary agency?
 Yes No

* Reason for separation from this employer:

- Layoff: Some examples are: lack of work, temporary layoff, seasonal layoff, reduction in force (RIF), your position was eliminated, your employer's business closed/plant shutdown (temporarily or permanently).
- Quit: You decided to leave your employment. This includes work-related, personal, or medical reasons, change in residence, found other job, etc.
- Discharged/Dismissed/Terminated: Your employer decided to end your employment for reasons other than layoff.
- Suspension: Your employer will temporarily not allow you to work. For example: Pending an investigation or disciplinary action. (if for medical reasons, go to leave of absence).
- Leave of Absence: You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
- COVID-19: You are currently unemployed as a direct or indirect result of COVID-19/ Coronavirus.
- Still working: This includes part-time, on-call employment or reduced hours.
- Business Sold or Closed: You either sold or closed a business that you had a controlling ownership in.



STEP 23. Employment Information - Employer Search.

Answer 'Yes' to "Did you work for an employer in Minnesota?"

Enter **Self-employment** for the Employer Name and then select **Search**. Be sure to include the hyphen.

Employment Information - Employer Search

1. Did you work for an employer in Minnesota? Yes No

If "Yes", follow the instructions below.
If "No", select the next button. This will remove this Minnesota employment from your employment list.
You indicated you have worked since 10/01/2018. To search for your employer, enter at least the first 2 characters of the name of your employer.
If you worked for a temporary agency, enter the name of the agency, not the name of the business where you were assigned to work.
[View Search Tips](#)

2. Employer Name: Self-employment

Select the **Search** button to begin your employer search.

Search Reset

Previous Next

Be sure to enter Self-employment exactly as shown

STEP 25. "Minnesota Detail Employment Information".

On this screen, enter your business address as the most recent work address. Enter your own phone number. Enter the approximate date you started your business as the "first day worked". Enter the last day you worked. Estimate your pay rate as best you can, as well as your average number of hours worked. Enter your job title. **Select 'No' to "Is your business owned or partially owned by you, your spouse, your parent, or your child?", even if you were a legal owner of the business.** Select **COVID-19** for the reason for separation from this employer. Select Next.

Minnesota Detail Employment Information

Minnesota Employer (Legal Name)
 SELF EMPLOYMENT

Minnesota Employer Business Name
 SELF EMPLOYMENT

Employer Address (main office, payroll office, headquarters)
 332 MINNESOTA ST
 SAINT PAUL MN 55101-1314

Employer Work Location Address
 332 MINNESOTA ST
 SAINT PAUL MN 55101-1314

Most Recent Work Address: If you did work for this employer, but the work location address is different, enter the address below.

Street Address:
 City:
 State:
 ZIP Code:

Employer phone number:
 First day worked: (mm/dd/yyyy)
 Last day worked: (mm/dd/yyyy)

(If you are still working, enter your most recent date worked.)
 Pay Rate:
 per hour
 per week
 per month
 per year

Average number of hours worked per week:
 Use Code:
 Yes No
 Is this business owned or partially owned by you, your spouse, your parent, or your child?
 Yes No

Reason for separation from this employer:
 Layoff: Some examples are: lack of work, temporary layoff, seasonal layoff, reduction in force (RIF), your position was eliminated, your employer's business closed/plant shutdown (temporarily or permanently).
 Quit: You decided to leave your employment. This includes work-related, personal, or medical reasons, change in residence, found other job, etc.
 Discharged/Dismissed/Terminated: Your employer decided to end your employment for reasons other than layoff.
 Suspension: Your employer will temporarily not allow you to work. For example: Pending an investigation or disciplinary action. (If for medical reasons, go to leave of absence).
 Leave of Absence: You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
 COVID-19: You are now fully unemployed as a direct or indirect result of COVID-19/Coronavirus.
 Still Working: This includes part-time, casual employment or reduced hours.
 Business Sold or Closed: You either sold or closed a business that you had a controlling ownership in.

Next

STEP 28. Separation questions due to COVID-19.

You will have to answer additional questions about how your job was affected by COVID19. Complete all questions the best you can.

Answer **Yes** to the question "Are you unemployed or working fewer hours due to COVID-19/coronavirus or related concerns?"

Respond to the following questions the best you can:


- Do you have a medical condition or medical reason you are not able to work due to COVID-19?
- Do you have a childcare, transportation, or other reason why you are not able to work due to COVID-19?
- Are you being paid?

Some questions are a little repetitive due to system functionality issues. We apologize for that. Please provide details in at least one response box, then enter "COVID-19" to any repeated questions.

Enter your own phone number when you are asked for the "Telephone number of the person who decided you would no longer be working."

Unemployment Insurance Request for Information	
Employer name:	Alpha Bravo Charlie, Inc.
Doing business as:	ABC, Inc.
Employment start date:	
Employment end date:	
Average number of hours worked per week:	
Last wage:	
Job title:	
The following information is needed to determine your eligibility for unemployment benefits. Respond by the due date. If you do not respond, a determination will be issued from available information.	
*Are you unemployed or working fewer hours due to COVID-19/coronavirus or related concerns?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If yes:	
Do you have a medical condition or medical reason you are not able to work due to COVID-19/coronavirus?	<input type="text"/>
Do you have a childcare, transportation, or other reason why you are not able to work due to COVID-19/coronavirus?	<input type="text"/>
Are you being paid?	<input type="text"/>
Telephone number of the person who decided you would no longer be working:	<input type="text"/> - <input type="text"/> - <input type="text"/>

Enter your phone number here



STEP 30. Separation questions due to COVID-19 - continued.

You will be asked if were told to stop working or not to report to work by your employer. Answer "No".

Enter the date you last worked.

*Were you told to stop working or not to report to work by your employer? Yes No

If yes:

Were you told this was temporary?

What is the name and title of the person who told you to stop working or not to report to work?

*Date you last worked for this employer: [] / [] / [] (mm/dd/yyyy)

*Time you left work that day: [] : [] * (Select one) v

*Could you have continued working? Yes No

If no:

Explain why you did not continue working.

Are you still being paid by your employer? Yes No

*What was your next scheduled work date? [] / [] / [] (mm/dd/yyyy)

*What time do you normally start work each day? [] : [] * (Select one) v

*Will your employer be open that day? Yes No


*Why are you no longer working?

Enter date you stopped working for your last employer. Use the same date you entered above AND as your last day worked in STEP 21.

STEP 32. Eligibility Information.

We will ask about other sources of income. Answer Yes or No as appropriate. Select Next.

Be sure to report if you will receive vacation pay or Personal Time Off (PTO) pay while you're not working.

Eligibility Information	
Have you applied for or are you receiving any of the following:	
1. * <u>Social Security Retirement Benefits based on your own earnings?</u> <input type="radio"/> Yes <input type="radio"/> No	
• Does NOT include Supplemental Security Income (SSI), Survivors or Dependent benefits • Individuals are not eligible for Social Security Retirement until age 62	
2. * <u>Payments from a Union Pension fund</u> contributed to by one or more employers? (Including lump sum and periodic payments) <input type="radio"/> Yes <input type="radio"/> No	
3. * <u>Payments from a pension fund, annuity fund or a retirement account contributed to by an employer?</u> (Including 401K, and lump sum or periodic payments) <input type="radio"/> Yes <input type="radio"/> No	
Since 10/01/2018, have you received, applied for, or are you receiving any of the following:	
4. * <u>Social Security Disability Benefits?</u> <input type="radio"/> Yes <input type="radio"/> No	
• Does NOT include Supplemental Security Income (SSI)	
5. * <u>Workers Compensation payments for loss of wages?</u> <input type="radio"/> Yes <input type="radio"/> No	
6. * <u>Other disability payments for loss of wages?</u> <input type="radio"/> Yes <input type="radio"/> No	
Since 10/01/2018, have you received, or do you expect to receive any of the following upon separation from employment:	
7. * <u>Accrued vacation pay or Personal Time Off (PTO) pay?</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	
• Includes temporary layoff • Does NOT include holiday pay	
8. * <u>Severance or any other separation payments?</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	
• Examples: bonus pay, wages in lieu of notice (notice pay), sick pay, not working but on the payroll, retention pay • Does NOT include holiday pay or regular earnings for work performed.	
Since 10/01/2018:	
9. * <u>Have you worked for an educational institution or an employer contracting services to schools?</u> <input type="radio"/> Yes <input type="radio"/> No	
• Does NOT include Head Start programs	
10. * <u>Were you paid to participate in, or train for any sporting events at any level as a coach, athlete or referee?</u> <input type="radio"/> Yes <input type="radio"/> No	
11. * <u>Are you currently enrolled in school or a training program?</u> <input type="radio"/> Yes <input type="radio"/> No	
12. * <u>Have you refused an offer of employment since 01/26/2020?</u> <input type="radio"/> Yes <input type="radio"/> No	
<input type="button" value="Previous"/> <input type="button" value="Next"/> 	
<small>Accessibility Privacy and security System requirements</small>	

STEP 33a. Change an answer.

Each section of the application provides a Modify button for you to quickly return to that section and correct an answer.

When you select the Modify button for a section, it will take you back to the beginning of that section. You most likely will need to move through the application pages to find the answer that needs to be updated. Use the **Previous / Next** buttons found at the bottom of each page to do this. After you have updated your answer, you must click through the application until you return to the Review page.

Types of Employment	
Between October 01, 2018 and today:	
* Did you work in Minnesota? (do not include U.S. military or federal employment)	Yes
* Did you work in another state? (do not include U.S. military or federal employment)	No
* Did you serve in active duty in the U.S. military?	No
* Did you work as a federal employee? (do not include U.S. military)	No
* Did you work in self-employment or as an independent contractor?	No
Additional Information	
Where did you last work? (Select a state, U.S. territory, or "outside the United States")	Minnesota
* Did you apply for unemployment benefits in another state between March 24, 2019 and today?	No
* Do you live in the United States?	Yes
If yes, enter your ZIP code	55101
Are you now physically in Minnesota?	Yes
Modify ←	
Top of Page ←	

Your online account

Information about your unemployment benefit account is available online. After filing your unemployment benefit account, each time you log in with your social security number and password, you will be able to do the following:

- **View Your Account Action Items:** When additional information is needed to process your account or payment, your "Account Home Page" will display messages advising you what you need to do.
- **Request Benefit Payments:** Every week you are required to submit a request for benefit payment. Your "Account Home Page" will inform you of the time frame in which to make a timely request for benefit payment. If you don't have a link for request payment, don't panic. We are verifying your information. A link will be added to your account as possible.
- **View Your Account Information:** You have the ability to view any benefit determinations, payment information such as payment dates and amounts, as well as your general account information.
- **Maintain Your Account Information:** You can change your address, update your tax withholding or change your payment method.