

ET HANDBOOK NO. 392

APPENDIX A - HANDBOOK FOR INTERSTATE CLAIMSTAKING

1. Introduction. The Handbook for Interstate Claimstaking is a compilation of information from each state. It is designed as a uniform method for states to provide information concerning the statutory provisions of UI laws and procedural instructions for reference by agent states when accepting interstate claims and/or advising claimants.

The Handbook is electronically maintained as Option 1 of the ICON UI Interstate Handbook application. Each state is responsible for maintaining current information in its section of the Handbook. When state law changes occur, minimum or maximum benefit amounts change, an extended benefits period triggers, etc., the state agency should immediately update its section of the Handbook.

2. Format. Each state's section of the Handbook is organized and electronically accessed by using the state's postal abbreviation and selecting the various options (i.e., Options A, B, 0, 1, 2, 3, 4, 5, 6, 7, 8 and 9). The options identify the sections or subjects of the information to be maintained as follows:

a. Option A - Address/Telephone. Provide the liable office address and the telephone number that is to be given to the claimant. Also separately provide the address to which interstate claims and related materials, combined wage claim materials, and appeals materials are to be mailed and the telephone numbers for state agency use.

Liable states that have implemented remote initial claimstaking and/or electronic weeks claimed filing are to provide filing instructions and the appropriate telephone numbers in the location immediately above the address of the liable office. Filing instructions and the liable office address should be on separate pages from other information to facilitate printing as single pages for distribution to the claimant.

b. Option B – Summary Page. This section contains a Summary Page(s) containing "Info at a Glance." Some of the information is in question format and relates to provisions of state law, state procedures and conditions existing in the liable state. Below is a listing and explanation of the information to be provided.

1. IBIQ. Answer "yes" or "no" to the question "Is the state operational on the ICON IBIQ application?"

2. Telephone Initial Claims, (Agent and Liable).

A. Agent. Answer "yes" or "no" to the question "Does the state take agent interstate initial claims via telephone?"

B. Liable. Answer "yes" or "no" to the question "Does the state take liable interstate initial claims via telephone?"

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3. Internet Initial Claims.

A. Liabe. Answer “yes” or “no” to the question “Does the state take liable interstate initial claims via the Internet?”

4. Maximum WBA. Enter the maximum weekly benefit amount payable under the state law.

5. Maximum Duration. Enter the maximum number of full weeks of benefits payable under the state law.

6. Dependent Allowance. Answer “yes” or “no” to the question “Does the state pay a dependent’s allowance, included in or in addition to the WBA?”

7. Illness-Disability. Answer “yes” or “no” to the question “Does the state’s UI law provide for the payment of UI benefits during periods of temporary illness or disability? If “yes”, explain under Option 6, “Able, Available, Actively Seeking Work.”

8. Electronic Interstate Weeks Claimed.

A. Interstate. Answer “yes” or “no” to the question “Does the state take interstate weeks claimed certifications over the Internet or other electronic means?”

B. Intrastate. Answer “yes” or “no” to the question “Does the state take intrastate weeks claimed certifications over the Internet or other electronic means?”

9. Waiting Period. Answer “yes” or “no” to the question “Does the state have an unpaid waiting period?”

10. Effective Date. Enter the day of the week the initial claim is effective. When there is no single date that all claims filed during the week are effective, enter “flexible,” and explain in item C.2. of the Summary page.

11. EB Period. Enter the date the state began (on) or ended (off) an EB period, i.e., On - 2/6/05; Off - 7/2/05

12. Additional Benefits. Answer “yes” or “no” to the question “Does the state have a state financed additional/supplemental benefit period in effect that applies to all exhaustees?” (This question does not apply to the programs a state may have that provides supplemental benefits to some individuals under certain conditions, i.e., individuals attending training.)

13. DUA. Answer “yes” or “no” to the question “Does the state have a declared

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disaster in effect for which Disaster Unemployment Assistance claims are being taken?"
If "yes" explain in item 16.

14. Reconsideration Before Appeal. Answer "yes" or "no" to the question "Does the state require an individual to request reconsideration of a determination before appealing the determination?"

15. Applies Double Dip When Prior Claim Under Another State's Law. Answer "yes" or "no" to the question "Does the state require an individual that has received benefits during a benefit year established under another state's law to have requalifying employment and wages since the beginning of that benefit year before benefits are payable on a subsequent benefit year established under the state's law?"

16. Bulletin Board. This section allows states to provide necessary additional information, such as the identification of areas covered by a disaster declaration for DUA or the effective date of a new weekly benefit amount (WBA).

c. Regular Pages. The information on the regular pages of the Handbook explains the state's requirement(s) for the subject matter followed by procedural instructions. A new subject has been add to the menu and is shown as "Option 0 – Withdrawal-Invalidation of Claim." On the menu for the Handbook, the provisions are identified by subject and assigned an option number as shown below:

0 - Withdrawal-Invalidation of Claim. Explain the conditions under which the state allows a claimant to withdraw a claim and provide procedures that should be followed.

1 - Base Period. Explain the state's basic base period and alternate base period(s), as appropriate, and applicable initial claim procedures.

2 - Wage Qualification. Explain the state's minimum base period wage requirements necessary to establish an eligible monetary determination and the state's requalifying wage requirement for eligibility on a subsequent benefit year.

3 - Computation of Weekly Benefit. Explain the state's calculation of the weekly benefit amount for a week of total and partial unemployment and, if possible, a weekly benefit amount chart.

4 - Coverage. Describe what workers are covered under the state law.

5 - Waiting Week. Describe the state's waiting period, if any.

6 - Able, Available and Actively Seeking Work. State whether the state

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accepts the Standard Interstate Policy on Active Search for Work and explain other applicable provisions, as appropriate.

7 - Disqualification Period. Explain the state's minimum and maximum disqualification periods for the variety of disqualifying determinations relating to separations, able and available, fraud and labor disputes.

8 - Appeal Period. Indicate the length of the state's appeal period for monetary and non-monetary determinations.

9 - Federal-State Extended Unemployment Compensation Program. Provide information concerning the state's EB and state financed additional benefit programs and applicable initial claims procedures.

On the following pages is an example of a state's completed Handbook pages with the required information for each subject:

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COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

NOTICE TO CLAIMANT: Colorado accepts all claims for unemployment compensation by telephone and by our new Internet service. Services are provided in English and Spanish. Phone services available: To file a new or additional claim, reopen your claim, transfer your claim to the interstate program, file an appeal or to speak to a customer service rep, call 1-800-388-5515, Monday through Friday between the hours of 7:30 am and 4:30 pm (MST)

Internet services available: To file a new initial claim, you may now file 24 hours a day, 7 days a week through the Colorado Department of Labor Web site by entering www.coloradoworkforce.com (all lower case) and click on the "File online" button. Only new claims can be filed using the Internet. Additional claims, reopened claims and claim transfers must be filed by telephone.

To file a new claim, have the following information available to complete your claim: social security number; residence address, including zip code and county; each employer's name, worksite address, payroll address, reason for separation, dates of employment for the past 18 months; and, alien registration number, if not a citizen or national of the United States.

Your liable office address and telephone numbers are:

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
P.O. BOX 400, DENVER, CO 80201-0400**

**CUSTOMER SERVICE: 1-800-388-5515 (TOLL FREE)
1-303-318-9000 (DENVER LOCAL) FAX 303-318-9011**

You will be sent a Handbook which explains eligibility requirements and how to file bi-weekly claims for payment of benefits. You will also receive a 4-digit personal ID number (PIN) for your use in filing your bi-weekly claims for benefits through our automated "Cubline" system.

To use the automated "Cubline" system to file for bi-weekly payments of benefits or to inquire about your claim, please call 1-888-550-2800 (24 hours a day, 7 days a week).

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For State Agency Use Only:

Mail all Combined Wage Claim or Interstate correspondence to:

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
P.O. BOX 400
DENVER, CO 80201-0400
TELEPHONE: (303) 318-9005 FAX: (303) 318-9011

Mail Appeals Materials to:

COLORADO DEPARTMENT OF EMPLOYMENT AND TRAINING
APPEALS UNIT
P.O. BOX 8988
DENVER, CO 80201-8988
TELEPHONE: (303) 318-9299 FAX: (303) 318-9248

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INTERSTATE HANDBOOK
SUMMARY PAGE-----
A. INFO AT A GLANCE

1. IBIQ	YES	9. WAITING PERIOD	YES
2. TELEPHONE INITIAL CLAIMS:		10. EFFECTIVE DATE	SUNDAY
A. AGENT	YES	11. EB PERIOD (Began or Ended)	(Date)
B. LIABLE	YES	12. ADDITIONAL BENEFIT	NO
3. INTERNET INITIAL CLAIMS:		13. DUA	NO
A. LIABLE	YES	14. RECONSIDERATION BEFORE	
4. MAX WBA	\$407	APPEAL	NO
5. MAX DURATION	26 WEEKS	*15. APPLIES DOUBLE DIP WHEN	
6. DEPENDENTS ALLOW	NO	PRIOR CLAIM UNDER	
7. ILLNESS-DISABILITY	NO	ANOTHER STATE'S LAW	YES
8. ELECTRONIC WEEKS CLAIMED:			
A. INTERSTATE	YES		
B. INTRASTATE	YES		

 16. BULLETIN BOARD:

Maximum WBA of \$407 effective 7/1/04

- B. 1. BASE PERIOD: First 4 of the last 5 completed calendar quarters preceding the week in which the claim is filed.

NEW CLAIMS FILED FOLLOWING A PERIOD OF TOTAL TEMPORARY DISABILITY: A person who is separated from employment due to an accident or injury resulting in a total temporary disability for which compensation has been paid under section 8-42-105 of the Colorado Workman's Compensation law, shall be entitled to receive, after the termination of the continuous period of disability, the same benefits that would have been available at the time of the separation from employment. The claim must be filed within 4 weeks after the end of the period of total disability and within 3 years after the date of separation. The base period is the first 4 of the last 5 completed calendar quarters preceding the week in which the separation occurred.

2. BASE PERIOD CHANGE: First Sunday in the months of January, April, July and October.
3. ALTERNATE BASE PERIOD: None.

- C. 1. BENEFIT YEAR: A one year period beginning with the effective date of the claim.
2. EFFECTIVE DATE: Claims filed by Wednesday are effective the prior

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Sunday. Claims filed after Wednesday are effective the following Sunday.

3. VALID CLAIM: When monetarily eligible.

D. WAGE QUALIFICATION: Total period wages of at least \$2500 or wages equal to 40 X WBA.

REQUALIFYING REQUIREMENT FOR SUBSEQUENT BENEFIT YEAR
(Double Dip Requalifying Requirement): The individual must have a minimum of \$2000 in earnings since the effective date of a prior benefit year during which benefits were paid.

E. 1. WBA FOR TOTAL UNEMPLOYMENT:

Minimum - \$25 Maximum - \$407 (claims effective 7/4/04 & after)

2. DURATION: Flexible - The lesser of 26 X WBA or 1/3 of the total base period wages.

F. DEDUCTIBLE INCOME:

1. Wages in excess of 1/4 of the WBA.
2. Any retirement pay, pension, annuity or maternity pay wholly or partially financed by a base period employer.
3. Social Security.
4. Temporary partial disability and temporary total disability benefits are deducted dollar for dollar.

G. UNEMPLOYMENT DEFINITION: Week of no work and no wages, or week of less than full-time work and wages of less than WBA.

0. Withdrawal/Invalidation of Claim: Claimant is allowed to withdraw a claim prior to the payment of benefits and the issuance of a determination imposing an indefinite disqualification. Claims filed under the combined wage program are allowed to be withdrawn in accordance with the combined wage requirements.

1. a. BASE PERIOD: First 4 of the last 5 completed calendar quarters preceding the week during which the claim is effective.

Obtain complete employment history covering the current and preceding five completed calendar quarters.

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b. **ALTERNATE BASE PERIOD:** Last 4 completed calendar quarters preceding the week during which the claim is effective.

Obtain employment history for current and preceding 4 completed calendar quarters for new claims.

c. **BASE PERIOD FREEZE FOR PERIOD OF TOTAL TEMPORARY DISABILITY:** A person who is separated from employment due to an accident or injury resulting in total temporary disability for which compensation has been paid under section 8-42-105 of the Colorado Workman's Compensation law, is entitled to receive, after the termination of the continuous period of disability, the same benefits that would have been available at the time of the separation from employment. The claim must be filed within 4 weeks after termination of the period of total disability and within 3 years of the date of separation. The base period such claim is the first 4 of the last 5 completed calendar quarters preceding the date of separation.

Obtain complete employment history beginning with the last five completed calendar quarters preceding the date of separation from employment prior to the period of temporary total disability up to and including the current quarter.

2. a. **WAGE QUALIFICATION:** Base period wages of at least \$2500, regardless of how the wages appear in the base period or earnings of 40 X WBA.

b. **SUBSEQUENT BENEFIT YEAR (DOUBLE DIP-REQUALIFICATION):** An individual who has received compensation during a prior benefit year is required to have had work with earnings of at least \$2000 since the beginning of that benefit year in order to qualify for compensation in a subsequent benefit year.

Proof of earnings required at time of initial claim.

3. **COMPUTATION OF WEEKLY BENEFIT:** State maximum WBA is determined July 1st each year and applies to claims effective on an after that date. Benefit amounts on existing benefit years are not redetermined.

Please Note: There are two formulas for determining the WBA for a claim. Formula '1' is based on the two consecutive quarters in the base period with the highest total earnings. Under formula '1', the WBA is equal to 60% or 1/26 of the total wages in the two consecutive quarters in the base period with the highest total wages. To be eligible to receive the WBA determined using the formula '1', two criteria must be met: a) The claimant's total base period wages must be at least 40 X WBA; and, b) The WBA cannot exceed the maximum WBA allowed under formula '1', currently \$370. Formula

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'2' is based on all wages earned during the base period of the claim. Under the formula '2', the WBA is equal o 50% of 1/52 of total base period wages.

The formula that provides the individual with the highest WBA based on the total and or distribution of the base period wages is the formula that used for the claim.

BENEFIT COMPUTATION CHART #1

60% OF 1-26TH HIGHEST TWO (2) CONSECUTIVE QUARTER WAGES

FROM	THRU	WBA
1084.00	1126.66	25
1084.00	1126.66	25
1126.67	1169.99	26
1170.00	1213.33	27
1213.34	1256.66	28
1256.67	1299.99	29
1300.00	1343.33	30
1343.34	1386.66	31
15903.34	15946.66	367
15946.67	15989.99	368
15990.00	16033.33	369
16033.34	16076.66	370

Maximum WBA under this formula applies to all claims with BYB of 7/4/04 and thereafter.

BENEFIT COMPUTATION CHART #2

50% OF 1-52 OF TOTAL BASE PERIOD WAGES

FROM	THRU	WBA
24440.00	24543.99	235
24544.00	24647.99	236
24648.00	24751.99	237
42016.00	42119.99	404
42120.00	42223.99	405
42224.00	42327.99	406
42328.00	42431.99	407

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Maximum WBA under this formula applies to all claims with BYB of 7/4/04 and thereafter.

4. **COVERAGE:** One employee in each of 13 weeks or \$500 in any quarter of the current or preceding calendar year. Agricultural Labor – 10 or more workers in 20 weeks or \$20,000 or more in a calendar quarter; Domestic service - \$1,000 or more cash wages in a calendar quarter.

5. **WAITING PERIOD:** One unpaid week for which the claimant would otherwise have been eligible to be paid benefits.

6. **ABLE TO WORK, AVAILABLE FOR WORK AND ACTIVELY SEEKING WORK:** A claimant is expected to conduct a sustained search for work. A claimant is expected to look for work each day of the work week using methods as can be reasonably expected from a person who find him/herself in a new labor market area and are interested in obtaining employment under conditions prevailing in the area. A claimant must not impose unreasonable restrictions on his/her availability.

A work search may be waived if the claimant is affiliated with a union hiring hall or the last employer intends to reemploy the claimant within 16 weeks of the last day of work.

7. **DISQUALIFICATION PERIODS:**

a. **VOLUNTARILY LEAVING** employment without good cause attributable to the employment, the claimant is disqualified until re-employed in covered employment with wages of 8 X the WBA or greater. Adjudicate all separations within 6 weeks prior to the effective date of the claim.

b. **DISCHARGED FOR MISCONDUCT** connected with work, the claimant is disqualified until re-employed in covered employment with wages of 10 X WBA.

c. **FAILURE TO APPLY FOR OR ACCEPT SUITABLE WORK** - the claimant is disqualified until re-employed in covered employment with wages of at least 6 X WBA.

d. **GROSS MISCONDUCT** - the claimant is disqualified for 52 weeks from the date of occurrence and wage credits are cancelled.

e. **FRAUD IN CONNECTION WITH CLAIM** - the claimant is disqualified for up to 52 weeks from the date of occurrence.

f. **LABOR DISPUTE** - the claimant is disqualified for the duration of the labor dispute if he/she belongs to the class of workers participating in or financing the strike.

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Separations from the most recent and all base period employers are adjudicated. Postponement and/or reduction of benefits may be imposed based on each separation.

PLEASE NOTE: Separations from a base period employer where wages were less than \$1000 are not adjudicated. When a claimant has more than one separation from the same employer during the base period or during the benefit year, the last separation shall control the determination of eligibility for the remaining benefit credits attributable to that employer; except that attributable benefits previously reduced because of a disqualification will become available when a full award is granted based on the most recent separation.

A. **DISQUALIFYING SEPARATION:** Benefits may be postponed up to 10 weeks and/or reduced up to 25 X WBA.

1. If the most recent separation is from a base period employer, both a 10 week postponement and a reduction may apply.

2. Reduction is applied to all base period separations. The maximum reduction for each separation is the amount of benefits attributable to the concerned employer.

3. Additional claims filed during an existing benefit year require the claim to report all job separations to the effective date of the initial claim. Those separations considered could result in a full award or a disqualification. If a disqualification is imposed on the most recent separation, a 10 week postponement of benefits will be imposed.

B. **REFUSAL OF SUITABLE EMPLOYMENT:** Benefits are postponed for 20 weeks and reduced 20 x WBA.

C. **GROSS MISCONDUCT CAUSING DISCHARGE:** No benefits payable. Maximum benefit award is reduced to zero.

D. **LABOR DISPUTE:** Duration of unemployment because of a work stoppage due to a labor dispute unless it is determined that claimant is not participating in or directly interested in the labor dispute, and the claimant does not belong to the grade or class of workers employed at the premises who are participating in or directly interested in the dispute.

E. **FRAUDULENT CLAIM:** Resulting overpayments will be established at an amount equal to one and one-half to three times the amount of benefits received fraudulently. Additionally, the claimant may be required to serve, when otherwise eligible, a four (4) week penalty for each one (1) week fraudulently claimed and-or received. Conviction may result in fine of \$25 to \$1000 and-or six months in jail.

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F. ALIENS: Benefits will not be paid to aliens whose wage credits were earned at a time when the claimant was not legally authorized to work in the united states.

Submit copy of alien registration card (front and back). If no card is available, submit documentation to prove claimant is authorized to work, currently and during base period, in the United States. An alien registration number is required.

G. DISQUALIFYING INCOME: Severance pay, separation bonus, vacation pay, and wages-in-lieu of notice.

1. Severance Pay. Severance pay will reduce the maximum benefits payable equal to the number of weeks of severance pay times the WBA amount or the employer charges whichever is lesser. The charges to the employer account will be reduced by the same amount. Also, severance pay will cause a postponement of benefits equal to one week for each week of severance pay received. The postponement is normally effective from the date of separation.

2. Separation Bonus. A separation bonus may be designated by an employer when the payment made was severance pay but the employer does not wish to cause the reduction in the MBA. A separation bonus will cause a week-for-week postponement from the date of receipt.

3. Vacation Pay and Wages In-lieu of Notice. These payments will cause a week-for-week postponement from the date of receipt.

NOTE: Receipt of multiple types of the above payments (i.e., severance pay, separation bonus, vacation pay, wages in-lieu of notice) will result in consecutive week-for-week postponements.

If the claimant received or is entitled to receive any of the above remunerations, claimant should be prepared to provide:

1. Name of employer
2. Period covered (hours, days, weeks, months)
3. Rate of pay
4. Gross amount
5. Type of remuneration

8. APPEAL PERIOD: Ten (10) days from the date of the determination. Hearings are conducted via telephone.

a. Non-monetary Determination: Appeal must be postmarked within 15 days of mailing date of determination to last known address. The postmark will determine the

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date of the appeal. If appeal is not filed timely, claimant must submit a signed statement showing good cause for late appeal.

Appeals are mailed to: Appeals Section, P.O. Box 8988, Denver, CO 80201-8988. Claimant may fax an appeal to: Appeals Section, (303) 318-9248. Claimant should make sure to include both sides of the decision being appealed. The date received will determine the date of the appeal. Claimant should either fax or mail an appeal, but not both.

b. Monetary Determination: Any interested party who wishes to protest a monetary determination must file a written request for redetermination within the benefit year or extended benefit period for such claim.

9. FEDERAL-STATE EXTENDED UNEMPLOYMENT COMPENSATION PROGRAMS:

a. EXTENDED BENEFITS: Only 2 weeks of EB are payable to an interstate claimant filing from a State not in an EB period.

Obtain complete work history for 24 months prior to the effective date of the EB initial claim. When a benefit year expires in an extended benefit period, claimant should be advised to call Colorado Customer Service at 1-800-388-5515. This applies at each calendar quarter change.

NOTE: A claimant who had a disqualifying separation or refusal of suitable work on regular claim will not be eligible for extended benefits. A refusal of suitable work or not actively seeking work during the extended benefit period will result in a disqualification.

b. STATE ADDITIONAL BENEFITS (AB): AB is payable only to individuals separated from specified employing units located in counties with a total unemployment rate of 10 percent or an insured unemployment rate of 8 percent. Potentially eligible claimants are notified when an employer is certified. The maximum amount payable is 13 X the WBA. The period of eligibility does not extend beyond the end of the benefit year.

Obtain complete work history for the current and the 5 completed calendar quarters prior to the effective date of the AB initial claim. Identify initial claims as AB.