

# UI-501 Unemployment Application

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NOTE: PLEASE SHOW ALL DATES AS MM-DD-YYYY (MONTH, DAY, YEAR)

## PERSONAL INFORMATION

1. SSN : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2. First Name: \_\_\_\_\_

3. Middle Initial: \_\_\_\_\_ 4. Last Name: \_\_\_\_\_

5. Other last name worked under during the last 18 months: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Gender:  MALE  FEMALE

8. Race:  ASIAN  AFRICAN AMERICAN  CAUCASIAN  AMERICAN INDIAN  PACIFIC ISLANDER

9. Ethnicity:  NOT HISPANIC/LATINO  HISPANIC/LATINO

10. Are you a US Citizen?  YES  NO If No, provide the following

a. Alien Document Type:  VISA  PERMANENT RESIDENT 1-55

b. Document #: \_\_\_\_\_

c. Exp. Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

11. Do you have a disability?  YES  NO

12. Are you a military veteran, transitional veteran or a spouse of a veteran?  YES  NO

13. What is the highest grade completed in school? \_\_\_\_\_

14. Do you have a state issued driver's license or identification card?  YES  NO

a. If yes, indicate the issuing state \_\_\_\_\_

## IDENTIFICATION VERIFICATION

1. First name (on ID or DL) : \_\_\_\_\_
2. Last name (on ID or DL): \_\_\_\_\_
3. Date of Birth (on ID or DL): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Driver's License/ID Number: \_\_\_\_\_
5. License Class: \_\_\_\_\_
6. Issue Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
7. Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

If the details entered cannot be validated, your claim will be subject to further identification verification.

## CONTACT DETAILS

1. Mailing address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Residential address:  Same as mailing address  Different
2. Residential address:  Same  Different
3. If different, provide details: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_
4. If Mississippi resident, County: \_\_\_\_\_
5. Telephone Number(s)  
Primary Number: \_\_\_\_\_ 5. Cell Number: \_\_\_\_\_
6. Would you like to sign-up to receive notification via text message regarding your reemployment assistance? *Message and data rates may apply.*  Yes  No
7. How may we contact you?  USPS Mail  Email

## EMAIL ACKNOWLEDGEMENT

BY CHECKING "I AGREE", YOU AGREE AND CONSENT TO RECEIVE NOTIFICATION OF UNEMPLOYMENT INSURANCE CORRESPONDENCE BY EMAIL. YOU WILL RECEIVE AN EMAIL STATING "I AGREE TO THE TERMS AND CONDITIONS OF MDES REGARDING ELECTRONIC NOTIFICATIONS." BY PROVIDING YOUR EMAIL ADDRESS, YOU CAN RECEIVE IMPORTANT INFORMATION FASTER AND MORE EFFICIENTLY. YOU CAN ALSO RESET YOUR PASSWORD USING OUR CONVENIENT AUTOMATED SYSTEM.

I agree

8. Email Address: \_\_\_\_\_

9. Confirm Email Address: \_\_\_\_\_

10. Select your correspondence language preference:  ENGLISH  SPANISH

## SECURITY CONFIRMATION

MDES WILL VALIDATE THE IDENTITY INFORMATION YOU PROVIDED WITH OTHER STATE AND FEDERAL AGENCIES. REVIEW THE INFORMATION AND MAKE ANY NECESSARY CHANGES.

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. First Name on SS card: \_\_\_\_\_

3. Last Name on SS card: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FILE CLAIM**

1. Mark the location where you are filing the claim.

CALL CENTER    WIN JOB CENTER    OTHER

2. Were you employed with the federal government performing federal civilian service within the last 18 months?    YES    NO

If yes, where did you work?    IN USA    OUTSIDE USA    IN MISSISSIPPI

3. Were you discharged from the US Military within the last 18 months?    YES    NO

4. Have you worked for any employer within the last 18 months?    YES    NO

5. List all the states where you worked within the last 18 months, excluding Federal (Outside of USA) or Military employment.

MISSISSIPPI

STATE #1: \_\_\_\_\_ STATE #2: \_\_\_\_\_

6. Do you have a definite date to return to full time work?    YES    NO

a. If yes, indicate the date you expect to return to work below:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Have you applied for Unemployment Insurance Benefits in any state other than Mississippi in the last 12 months?    YES    NO

8. Was your last employer a Headstart employer?    YES    NO

9. Are you currently unemployed due to the novel coronavirus outbreak (also known as COVID-19)?  
 YES    NO

## EMPLOYMENT DETAILS (EMPLOYER #1)

Employer Name: \_\_\_\_\_

1. Did you work for this employer?  YES  NO

a. Start Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

b. End Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

c. Job Title/Description: \_\_\_\_\_

d. What was your rate of pay? Amount: \_\_\_\_\_

**RATE OF PAY:**  HOURLY  DAILY  WEEKLY  BI MONTHLY  MONTHLY  YEARLY

e. Reason why you are no longer working with this employer:

LACK OF WORK/LAID OFF  DISCHARGE  VOLUNTARY QUIT  CORONA VIRUS (COVID-19)  
 LEAVE OF ABSENCE  DESIGNATED VACATION  STRIKE/LOCKOUT  SUSPENSION

i. If Voluntary Quit, select reason:

ATTEND SCHOOL/TRAINING  CHILD CARE  DISTANCE TO WORK  
 FAMILY RESPONSIBILITIES  HEALTH REASONS  MOVE WITH SPOUSE  
 MOVE WITH SPOUSE-MILITARY  NOT PAID CORRECT AMOUNT  REDUCED WORK HOURS  
 RELOCATE  START A NEW JOB  TO GET MARRIED  TRANSPORTATION  OTHER

ii. If Discharged/Fired, select reason:

ABSENTEEISM/TARDINESS  AWAY FROM WORK STATION  DAMAGING COMPANY PROPERTY  
 FAILED DRUG TEST  FALSIFIED DOCUMENTS  POOR JOB PERFORMANCE  
 PHYSICAL ALTERCATION  REFUSING TO PERFORM ASSIGNED DUTIES  
 REFUSING TO WORK OVERTIME  SLEEPING ON THE JOB  STEALING  
 SUSPENDED DRIVER'S LICENSE  UNAUTHORIZED USE OF COMPANY PROPERTY  
 UNDER THE INFLUENCE OF ALCOHOL  VERBAL ALTERCATION  OTHER

f. Are you receiving or are you going to apply for a pension from this employer?  YES  NO

I. IF YES, PROVIDE THE DATE YOU RECEIVED OR WILL RECEIVE THE PENSION BELOW:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

g. Employer Telephone #: \_\_\_\_\_

h. Are you being paid by this employer during the time you are off work?  Yes  No

## EMPLOYMENT DETAILS (EMPLOYER #2)

Employer Name: \_\_\_\_\_

1. Did you work for this employer?  YES  NO

a. Start Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

b. End Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

c. Job Title/Description: \_\_\_\_\_

d. What was your rate of pay? Amount: \_\_\_\_\_

**RATE OF PAY:**  HOURLY  DAILY  WEEKLY  BI MONTHLY  MONTHLY  YEARLY

e. Reason why you are no longer working with this employer:

LACK OF WORK/LAID OFF  DISCHARGE  VOLUNTARY QUIT  CORONA VIRUS (COVID-19)  
 LEAVE OF ABSENCE  DESIGNATED VACATION  STRIKE/LOCKOUT  SUSPENSION

i. If Voluntary Quit, select reason:

ATTEND SCHOOL/TRAINING  CHILD CARE  DISTANCE TO WORK  
 FAMILY RESPONSIBILITIES  HEALTH REASONS  MOVE WITH SPOUSE  
 MOVE WITH SPOUSE-MILITARY  NOT PAID CORRECT AMOUNT  REDUCED WORK HOURS  
 RELOCATE  START A NEW JOB  TO GET MARRIED  TRANSPORTATION  OTHER

ii. If Discharged/Fired, select reason:

ABSENTEEISM/TARDINESS  AWAY FROM WORK STATION  DAMAGING COMPANY PROPERTY  
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 SUSPENDED DRIVER'S LICENSE  UNAUTHORIZED USE OF COMPANY PROPERTY  
 UNDER THE INFLUENCE OF ALCOHOL  VERBAL ALTERCATION  OTHER

f. Are you receiving or are you going to apply for a pension from this employer?  YES  NO

I. IF YES, PROVIDE THE DATE YOU RECEIVED OR WILL RECEIVE THE PENSION BELOW:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

g. Employer Telephone #: \_\_\_\_\_

h. Are you being paid by this employer during the time you are off work?  Yes  No

**ABLE AND AVAILABLE DETAILS**

- 1. Are you currently self-employed?  YES  NO
- 2. Have you refused an offer of work since your last day of employment?  YES  NO
- 3. Are you presently attending school or training?  YES  NO
- 4. Can you accept full-time work immediately?  YES  NO

If no, why?

- 5. Are you pregnant?  YES  NO

If yes, enter your expected delivery date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TAX WITHHOLDING AND PAYMENT OPTION**

- 1. Do you want to have 10% of your Unemployment Insurance Benefits payments, including Federal Additional Compensation, withheld for Federal Income Tax?  YES  NO

**LACK OF WORK QUESTIONNAIRE (EMPLOYER #1)**

1. When were you told of the lack of work (date)? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ .

2. Who told you of the lack of work (name and title)? \_\_\_\_\_

3. Were you given written notice of the lack of work?  YES  NO

4. Were you the only person laid off?  YES  NO

5. Were you provided severance pay?  YES  NO

6. Select the reason you were told for the lack of work:

REDUCTION IN FORCE  CONTINUING WORK NOT AVAILABLE  POSITION ELIMINATED

TEMPORARY LAYOFF  PINK SLIP  CORONA VIRUS (COVID-19)  OTHER

a. If other, provide as much detail as possible: Click below to enter text.



**LACK OF WORK QUESTIONNAIRE(EMPLOYER #2)**

1. When were you told of the lack of work (date)? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ .

2. Who told you of the lack of work (name and title)? \_\_\_\_\_

3. Were you given written notice of the lack of work?  YES  NO

4. Were you the only person laid off?  YES  NO

5. Were you provided severance pay?  YES  NO

6. Select the reason you were told for the lack of work:

REDUCTION IN FORCE  CONTINUING WORK NOT AVAILABLE  POSITION ELIMINATED

TEMPORARY LAYOFF  PINK SLIP  OTHER

a. If other, provide as much detail as possible: Click below to enter text.

## ADD MILITARY EMPLOYER

1. Service Branch

ARMY    NAVY    AIR FORCE    MARINES    COAST GUARD

2. Service Start Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ .

3. Service End Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ .

4. Have you applied for (or) are you receiving a pension from the military?

YES    NO

5. Do you have your DD-214 Member 4 copy?

YES    NO

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*Only complete the next page if you have worked  
for federal service in the last 18 months*

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## FEDERAL EMPLOYER

1. Federal Agency Name: \_\_\_\_\_
  
2. Mailing Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_
  
3. Did you receive form SF-8 from this Federal Agency?  YES  NO
  
4. Location of your last Federal employment prior to your separation  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
  
5. If you performed Federal Civilian Service outside of the United States, were you the spouse of a military service member stationed at a military base?  YES  NO
  
6. Employment Start Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
7. Employment End Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
8. Did you perform Federal civilian service while employed with this Federal agency?  YES  NO
  
9. Reason you are no longer working with this employer:  
 LACK OF WORK/LAID OFF  DISCHARGE  VOLUNTARY QUIT  
 LEAVE OF ABSENCE  DESIGNATED VACATION STRIKE/LOCKOUT  SUSPENSION  
  
i. IF VOLUNTARY QUIT, SELECT REASON:  
 ATTEND SCHOOL/TRAINING  CHILD CARE  DISTANCE TO WORK  
 FAMILY RESPONSIBILITIES  HEALTH REASONS  MOVE WITH SPOUSE  
 MOVE WITH SPOUSE-MILITARY  NOT PAID CORRECT AMOUNT  REDUCED WORK HOURS  
 RELOCATE  START A NEW JOB  TO GET MARRIED  TRANSPORTATION  OTHER  
  
ii. If Discharged/Fired, select reason:  
 ABSENTEESIM/TARDINESS  AWAY FROM WORK STATION  DAMAGING COMPANY PROPERTY  
 FAILED DRUG TEST  FALSIFIED DOCUMENTS  POOR JOB PERFORMANCE  
 PHYSICAL ALTERCATION  REFUSING TO PERFORM ASSIGNED DUTIES  
 REFUSING TO WORK OVERTIME  SLEEPING ON THE JOB  STEALING  
 SUSPENDED DRIVER'S LICENSE  UNAUTHORIZED USE OF COMPANY PROPERTY  
 UNDER THE INFLUENCE OF ALCOHOL  VERBAL ALTERCATION  OTHER

10. Have you applied for a pension or, are you receiving a pension from this employer?

YES  NO

11. Did you receive or are you entitled to receive severance pay provided by any federal law or agency-employer agreement?  YES  NO

If yes, complete the following

A. WEEKLY AMOUNT \_\_\_\_\_

B. NUMBER OF WEEKS \_\_\_\_\_

C. TOTAL ENTITLEMENT \$ \_\_\_\_\_

D. SEVERANCE PAY START DATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E. SEVERANCE PAY END DATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

F. DATE OF PAYMENT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. Enter the quarterly gross wages, including tips, bonuses and commission.

These wages will be used to determine your monetary eligibility

Affidavit of Wages	
QUARTER/YEAR	WAGES

YOU MUST PROVIDE PROOF OF WAGES WITHIN FIVE CALENDAR DAYS OF COMPLETING THIS APPLICATION. YOU SHOULD UNDERSTAND THAT PENALTIES ARE PROVIDED BY LAW FOR AN INDIVIDUAL THAT MAKES FALSE STATEMENTS TO OBTAIN BENEFITS. ANY DETERMINATION BASED ON THIS AFFIDAVIT IS NOT FINAL; DETERMINATIONS ARE SUBJECT TO CORRECTIONS UPON RECEIPT OF WAGES AND SEPARATION INFORMATION FROM THE FEDERAL AGENCY WHERE YOU WORKED. BENEFIT PAYMENTS MADE AS A RESULT OF SUCH DETERMINATION MAY HAVE TO BE ADJUSTED ON THE BASIS ON THE INFORMATION FURNISHED BY THE FEDERAL AGENCY, AND ANY AMOUNT OVERPAID MUST BE REPAID OR OFFSET AGAINST FUTURE BENEFITS.

YOU MAY RETURN THIS COMPLETED FORM BY EMAIL TO **UICLAIMS@MDES.MS.GOV**

## HOW TO SET UP YOUR ACCOUNT FOR DIRECT DEPOSIT

Go to [WWW.MDES.MS.GOV](http://WWW.MDES.MS.GOV) to set up direct deposit for payment of your Unemployment Benefits:

- Select **ONLINE UNEMPLOYMENT SERVICES** under the **UNEMPLOYMENT CLAIMS** tab, and log in to your account;
- Select **BENEFITS MAINTENANCE** tab;
- Select **UPDATE CLAIMANT PROFILE** tab and then select **PAYMENT OPTIONS** tab.

Enter the following under **PAYMENT OPTIONS**:

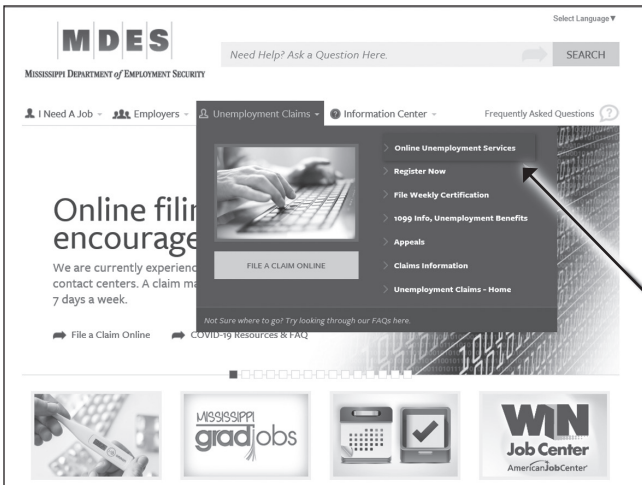
- **NAME ON BANK ACCOUNT** (referring to the owner of the account)
- **ACCOUNT TYPE** (savings or checking)
- **BANK ACCOUNT NUMBER**
- **CONFIRM BANK ACCOUNT NUMBER**
- **BANK ROUTING NUMBER**
- **CONFIRM BANK ROUTING NUMBER**

**PLEASE REVIEW THE INFORMATION ENTERED TO BE SURE IT IS CORRECT TO AVOID DELAY.**

## DEBIT CARD PROCEDURES

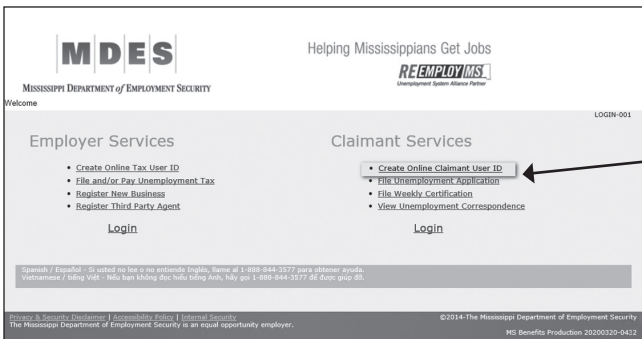
- If you have been issued a debit card and it has not expired, this will be the same card for receiving your UI benefits.
- If you have been issued a debit card within the past three years and it has been lost, stolen, or damaged, contact the following number to request a replacement: 1-866-461-4095. Fees do apply: \$5.00 for normal delivery and the current \$21.00 fee for expedited delivery.
- The debit card for UI looks exactly like the debit card for child support. The only difference is the card for UI has a U printed on the front of the card on the bottom left. This is how to distinguish the two cards. Funds for UI will not go onto the child support card.
- For a complete list of fees for the debit card, visit <https://www.eppicard.com/> and select MS from the drop down menu. Once you select MS, you will be able to access documents, including the complete list of fees and disclosure statement.
- Check the balance of your card, free of charge, by creating a user ID and password at <https://www.eppicard.com>.

The screenshot displays the EPPICard website interface. On the left, there is a list of states and programs: CA, FL - Child Support, FL - Unemployment Insurance, GA, IA - Department of Human Services, IA - Medicaid, and IA - Workforce Development. Below this list are links for 'Frequently Asked Questions', 'EPPICard Security Tips', and 'Privacy Policies'. On the right, there is a 'Welcome to EPPICard.' section with a list of actions: 'Check your available Card balance', 'Review your Card transaction history', 'Manage your Card account', and 'Set up important Card account activity Alerts'. At the bottom, there is a Conduent logo and a small disclaimer: 'EPPICard®, Conduent® and Conduent Agile Star® are trademarks of Conduent Business Services, LLC in the United States and/or other countries. ©2020 Conduent State & Local Solutions, Inc. All Rights Reserved.'

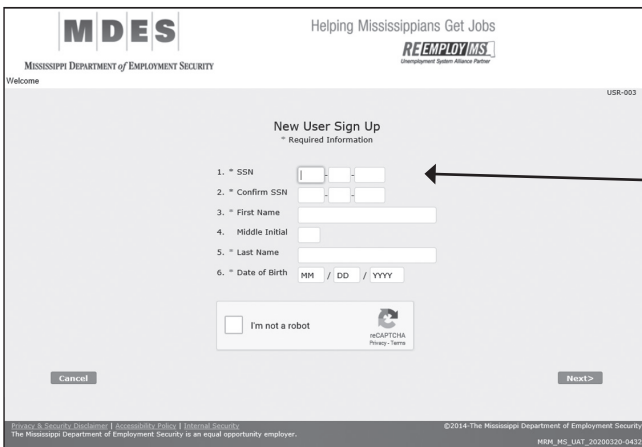


# HOW TO CREATE AN ACCOUNT for Online Unemployment Services with Mississippi Department of Employment Security

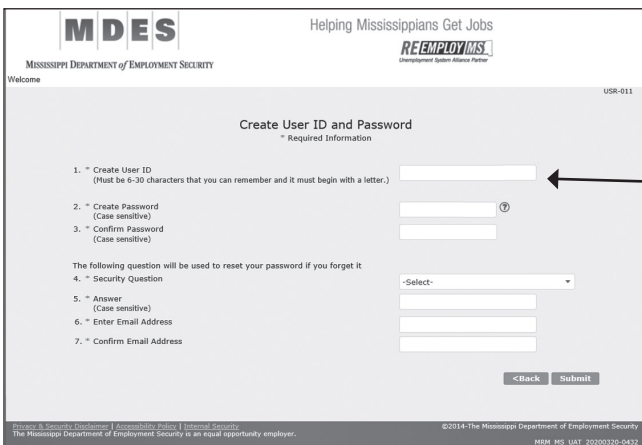
Go to **WWW.MDES.MS.GOV**  
Select **ONLINE UNEMPLOYMENT SERVICES**  
under the **UNEMPLOYMENT CLAIMS** tab.



On the next screen, click on  
**CREATE CLAIMANT USER ID.**



Provide the information requested on the  
**NEW USER SIGN UP** page.



**CREATE your USER ID AND PASSWORD**  
Passwords must be 8 to 15 characters,  
contain at least one uppercase letter, one  
lowercase letter, one number and one  
symbol (a special character such a !@##").