Pandemic Emergency Unemployment Compensation (PEUC) Filing Notice

On March 27, 2020, the President signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which includes the Relief for Workers Affected by Coronavirus Act set out in Title II, Subtitle A. Section 2107 of the CARES Act of 2020 created a new temporary federal program called Pandemic Emergency Unemployment Compensation (PEUC), which provides up to 13 additional weeks of benefits to an individual who has exhausted all rights to any regular unemployment compensation (UC) and who meets other eligibility requirements of the CARES Act. PEUC benefits will be available for weeks of unemployment starting with the benefit week ending April 4, 2020. If you exhausted your regular Unemployment Insurance (UI) claim and remain unemployed, you may be eligible for PEUC benefits and are encouraged to apply for PEUC starting Sunday, June 7, 2020. The Department will notify you when you are able to file your retroactive and ongoing weekly claims for PEUC benefits.

CARES Act Basic Eligibility Requirements for PEUC

To be eligible for a week of PEUC, in addition to meeting the applicable Arizona state law provisions, an individual must:

- have exhausted all rights to regular compensation under the applicable state or Federal law with respect to the applicable benefit year;

- have no rights to regular compensation with respect to a week under such law or any other state or Federal UC law;

- certify that he or she is not receiving compensation with respect to such week under the UC law of Canada; and

- be able to work, available for work, and actively seeking work (the actively seeking work requirement has been temporarily suspended in Arizona).

How to File

To file a PEUC claim, visit www.azui.com. Then proceed to the initial claim section of UI and use the same credentials you used to file your regular UI claim. If you are unable to file for the Federal extension online, call the UI Call Center toll free at 1-877-600-2722 or TDD: 7-1-1. If you are unable to access either of the above methods of filing, you may complete the included application and mail it to the address below. If you select this method of filing, please allow 21 days for processing.

Arizona Department of Economic Security
Unemployment Insurance Administration
PO Box 29225 Mail Drop 5895
Phoenix, AZ 85038-9225

UIB-0105B FORFF (6-20)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

ELIGIBILITY QUESTIONNAIRE FOR UNEMPLOYMENT INSURANCE BENEFITS

				OFFICIAL USE ONLY
1. SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE RECEIVED

2. Is the address on the reverse your current address? ☐ Yes ☐ No *If it has changed, complete:*

NEW MAILING ADDRESS *(No., Street, P.O. Box)*

CITY	STATE AZ	ZIP CODE	TELEPHONE NUMBER

☐ **Address Change**

	Yes	No
3. Are you receiving or have you applied for a pension, annuity or retirement pay from any employer?	☐	☐
4. Have you received or will you receive vacation, holiday, unused sick pay, or severance pay from your last employer?	☐	☐
5. Are you currently working and filing this claim to receive benefits under the Shared Work program?	☐	☐
6. Have you refused work since becoming unemployed?	☐	☐
7. Have you refused a referral to work since becoming unemployed?	☐	☐
8. In the past 12 months, have you filed an unemployment insurance claim in states other than Arizona?	☐	☐
9. In the past 18 months, have you worked in federal civilian service?	☐	☐
10. In the past 18 months, have you worked in another state?	☐	☐
11. In the past 18 months, have you been in military service?	☐	☐
12. I certify that I am not receiving compensation under the Unemployment Compensation laws of Canada.	☐	☐

☐ **Non-sep Issues**

13. Have you worked since you filed your last weekly claim for benefits? ☐ ☐
IF YES, COMPLETE THE FOLLOWING:

LAST EMPLOYER YOU WORKED FOR BEFORE FILING THIS CLAIM *(Regardless of State, Type of Work, or Length of Job)*

COMPANY

ADDRESS *(No., Street, P.O. Box)*

CITY	STATE	ZIP CODE

LAST DAY OF WORK FOR THIS EMPLOYER	MONTH	DAY	YEAR

☐ **Subsequent Employment**

Employer Number:

Have you worked at all since the LAST DAY OF WORK shown above? ☐ Yes ☐ No
Why are you no longer working for this employer?
(Check (✓) the box which applies and write the reason in the space below)

☐ (40) I was laid off because of a lack of work or a reduction in force.

☐ (10) I quit my job because: _____

☐ (20) I was discharged because: _____

☐ (45) I am still working part-time.

☐ (30) My employer and a union(s) are involved in a labor dispute.

A. PRIVACY ACT INFORMATION

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your Social Security Account Number on the claim forms given to you. Your Social Security Number is solicited under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011(a), 6050b, and 6109(a)). Disclosure of your Social Security Number for this purpose is MANDATORY, and must be entered on the forms you submit to claim unemployment insurance. Your Social Security Number will be used to report your unemployment insurance to the Internal Revenue Service as income that is potentially taxable; it will also be used as a record index for processing your claim, for statistical purposes, and to verify your eligibility for unemployment insurance and other public assistance benefits. Should you decline to disclose your Social Security Number your claim for unemployment insurance will not be processed.

B. CERTIFICATION

I certify that I am not working or that I am on a part-time or reduced earnings basis. I am not seeking benefits under another state or federal unemployment insurance system. I have not applied for and I am not receiving a subsistence allowance for vocational rehabilitation training or a war orphans' educational assistance allowance from the Veterans Administration. I further certify that the statements made hereon for the purpose of obtaining unemployment insurance under the Employment Security Law of Arizona are true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS IN CONNECTION WITH THIS CLAIM.

14. CLAIMANT SIGNATURE: _____ 15. DATE: _____