UIA 1711 (Rev. 03-20)



GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO DIRECTOR

UNEMPLOYMENT COMPENSATION NOTICE TO EMPLOYEE

Information Needed to File a Claim:

- Your social security card.
- Your state issued driver's license or ID card number or your MARVIN PIN (if you have one).
- The names and addresses of employers you worked for during the past 18 months along with your quarterly gross earnings.
- The first/last date of employment with each employer.
- Your most recent employer's Federal Employer ID number (FEIN) and Employer Account Number (EAN). Depending on your situation, knowing the account number may speed up the processing of your claim.
- If you are not a U.S. citizen or national, you will need your Alien Registration card and the expiration date of your work authorization.

Bi-Weekly Certification:

You must certify your eligibility every two weeks to receive payment. The preferred method of certifying is online, although phone certification is also available.

- Online: Visit www.michigan.gov/uia and sign into MILogin to access your MiWAM account. Your online account is accessible seven days a week, 24 hours a day.
- By Phone: Call MARVIN at 1-866-638-3993, Monday through Saturday, 8:00 a.m. to 7:00 p.m.

Register for Work and Work Search Requirements during the COVID-19 pandemic:

- Your application for benefits satisfies the register for work requirement; therefore, you do not need to register for work.
- Your application for benefits satisfies the seeking work requirement; therefore, you do not need to search for work.

To Be Completed by the Employer

Complete the following information in the spaces below. Each employee, when separated from your employment should receive a completed copy of this form or an equivalent written notice. A \$10.00 penalty for non-compliance may be imposed by UIA.

Your <u>10-digit</u> UIA Employer Account Number (EAN): _____

Your 9-digit Federal Employer Identification Number (FEIN): ____

Employer's Name with **Doing Business As (DBA) Name** and complete mailing address where wage and separation information is available.

Employer's Name

DBA

Employer's Address

City, State, Zip Code

Name of Contact Person

Telephone Number

Reason for Separation

Employers, direct any questions to the Office of Employer Ombudsman (OEO) through your MiWAM account at <u>www.michigan.gov/uia</u> or call 1-855-484-2636. TTY service is available at 1-866-366-0004.

THIS FORM IS NOT A WAIVER REQUEST OR APPROVAL OF A REQUEST.