Instructions on How to File on CT Direct Benefits Site

WWW.FILECTUI.COM



Use this to file a New claim or Reopen your claim.

This is used *after* you have filed a claim. You can set up your Direct Deposit and file weekly claims here.

Click on the File or Reopen Your Unemployment Claim (BLUE BUTTON) This page will appear. Click the "Proceed" button

	Home	About Us	FAQ	News and Notices	Contact Us
Unemployment Benefits On-Line	Job Seekers	Employers	Labor Market Inf	ormation Direction	s/Office Information
LEAVING CT DOL SITE By clicking the Proceed button, you w by Salesforce, a Department of Labor Salesforce website has a different priv certified by The Federal Risk and Auth In order to file an initial claim or r not previously do so. Please note t to file your continued claims, char To cancel, please close this window.	ill be leaving the l partner responsit racy policy and m orization Manage reopen your clai that this accoun	Department of Labo De for processing all ay have different se ment Program for it m, you will need t It <u>is not related to</u>	r website. The web online initial unem curity than the Dep s ability to handle p o create an accou	site you will be proceedin ployment claims for Conn artment of Labor website versonal and confidential i unt with CT Direct Bene	g to is managed ecticut. The . Salesforce is nformation. fits, if you did
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By clicking on "Proceed" you are brought to the CT Direct Benefits site.



Click on "Apply for Benefits".

Connecticut Department of Labor	
Login TO ACCESS YOUR CT DIRECT BENEFITS ACCOUNT Email Address Password	Don't have an Account? CLICK <u>HERE</u> TO CREATE AN ACCOUNT
	1

- If you have not previously created an account click the link on **HERE**.
- If you previously created an account you can login with the Email and Password you used while creating the account.
- If you have forgotten your password, use the Forgot your Password link, input your email, and a link to reset your password will be emailed to you.

If you have to create an account this page will appear:

Create An Account Login	
*First Name	• In order to create an Account on CT Direct Benefits you must fill out this entire page and click continue.
*Last Name	
*SSN	• If there are any issues, an error message will be displayed at the top of the page after you have clicked
*Confirm SSN	continue. You can then change your answers based on the message and try clicking continue again.
*Email Remember This Email Address to Sign Into CT Direct Benefits	• Each Social Security Number and Email address can only be used once,
*Confirm Email	so if you have previously created an account you need to use the existing account, you will not be able to create
*Password Remember This Password to Sign Into CT Direct Benefits	a new account.
*Confirm Password	Please Note: The Email/Username and password from the Manage your
Password Requirements: • 8 characters • 1 lowercase letter • 1 uppercase letter • 1 number	<u>Unemployment</u> system will NOT work on this site. These systems are separate and each has its own Username and password.
Continue	

After creating an account, you will get a message advising you to remember the email and password you used to establish your account, as you will need it in the future if you need to file or reopen another unemployment claim.

DATA SAVED

You have successfully created an account in CT Direct Benefits. It is important that you remember the **Email Address** and **Password** that you entered on the "Create An Account" screen. You will need these to sign into CT Direct Benefits in the future. Also, you will receive information about your unemployment claim and filing for weekly benefits at the email you just entered on the "Create An Account" screen. Click **"OK"** to continue.

IMPORTANT INFORMATION ABOUT FILING A CLAIM

- Go through the rest of the pages of the claim completing each section in its entirety. All questions with a * require an answer.
- If someone is helping you file make sure it is **YOUR INFORMATION** (Name, Address, etc.) being input and not theirs.
- When you finish filling out a page you click next to save the information and move on to the next page. If you need to look at a previous page you can do so by clicking Previous until you return to the page, or by clicking on the page's name on the left side of the page.
- You must provide information about all of your employers in the last 18 months. Employers you worked for prior to the last 18 months should not be included.
- After submitting the claim you **cannot change** any of your answers. The submission is considered a legal document, please make sure all of the information you provided is accurate.
 - If inaccurate information is provided, or requested information is not provided, it could cause a delay in your claim or in some cases an overpayment. If you provide inaccurate information or fail to provide requested information, it will be considered willful misrepresentation or willful nondisclosure of information.

The following pages will show screenshots of the CT Direct Benefits System, pointing out important sections. After you login, the first page is below:



Answer the question as "No" and click Next.

Claimant Information Selection

Direct Bei	español	available at th tim		
Claimant Information	Claimant Information			
Additional Claim		Save	Delete Claim and Start Over Next	
Information	*The information that you are providing will be us records and process your claim. Information conc she be given to other approximatel concise pure	erning an individu	al's unemployment compensation claim may	
Occupational/Educational Information	also be given to other governmental agencies, purs Persons who apply for unemployment compensati	on must, under st	ate law, register with the Department's	
Dependent Information	American Job Centers. This requirement can be n the basic registration information that you provide Job Center and its partners upon the processing o you are already registered.	ed today on your :	application for benefits with the American	
Eligibility Questions	If you agree to the sharing of the informatio please check the box below. Without this perm application using this online system and you will n	ission, the Depar	ment will not be able to complete your	
Employment History	phone number, please keep in mind that additiona we contact you by text message - please contact yo	l charges may ap	Make sure to click this checkbo	ox.
Acknowledgments	* First Name	Middle	You cannot submit the claim if checked.	this is n
	Test			
	*Last Name	Suffix		
	Account	None	· v	
	*Social Security Number 🛛	*Your M purpose	lother's Maiden Name (for security ;)	
	XXX-XX-1111			
	*Date of Birth	*Gender		
	mm/dd/yyyy	None		
	*Marital Status	*Race		
	None	None	v	
	Email Address	Cell Pho	ne	
	testclaim@testclaim.com *Best Phone Number to Reach You at (Include Ar Code)	ea		
	*Country None	*State G		
	*Current Mailing Street Address 🚱	*City	~	
	*Zip Code			

Additional Claim Information

CT Direct Bei	nefits	Páginas en español		e Chat is not ailable at this time	L Test Accoun	t -
Claimant Information	Additional Cla	aim Information				
Additional Claim		l	Save	Delete Claim and Start Ov	er Previous	Next
Information	*Have you worked in C	onnecticut in the last 2 ye	ars?			
Occupational/Educational	None		~			
Information		state other than Connect ent claim in a state other t				
Dependent	Connecticut in the last	2 years?				
Information	None		~			
Eligibility	*Are you a US Citizen?					
Questions	None		~			
Employment History	*Have you worked und 2 years?	er a different name in the	last			
	None		~			
Acknowledgments	*In the last 2 years did or other retirement ben	you start receiving a pens efits?	ion			
	None		~			
			Save	Delete Claim and Start Ov	er Previous	Next

Occupational/Educational Information

CT Direct Bei	nefits	Páginas en español		e Chat is not ilable at this time	Test Account	t -
Claimant Information	Occupational/H	Educational Infor	matio	n		
Additional Claim Information	*Have you ever served in	n the US military?	Save	Delete Claim and Start Over *Do you expect to receive em Union hall?	Previous ployment throu	Next ugh a
> Occupational/Educational Information	None *What was your highest	grade completed in scho	v ol?	None *What degree(s) do you have	?	~
Dependent Information	None	ification(s) do you have?	~	None *If employed in a trade, plea:	a solact from t	~ ho
Eligibility Questions	None	meanon(s) do you nave:	~	following:	se select if offit t	~
Employment History	Begin to type in your occi	your primary occupatio	uld	、		
Acknowledgments	a drop down menu after n Select the occupation that	is closest to yours from th occupation does not displa	e	Please select the of that most closely yours.		n

Dependent Information Selection

CT Direct Be	enefits		at is not e at this time	👤 Test Account 🗸
Claimant Information	Dependent Inform You may be eligible for a \$15		qualified depe	ndent. Total dependency allowances
Additional Claim Information	cannot be paid for more than	five dependents (\$75) and may r	never exceed yo Delete Claim and	
Occupational/Educational Information	al *Are you claiming any depend None	dents?		
> Dependent Information	1	Save	Delete Claim and	d Start Over Previous Next
Eligibility Questions	If you are the main supp	port of dependents in you	ur household	d. vou can request to
Employment History	include them on your un five). In this case, you ca	nemployment claim (\$15 an answer "yes" to this qu	per depend uestion and	lent up to a maximum of fill out the dependent
Acknowledgments	dependent's eligibility a	•	the claim if	f it is an eligible dependent. you should answer "no" to
Details of the Spouse:	Duse	*What are your gross weekly wag	Chi ges when working?	ild *What are the gross weekly wages of your spouse/child's other parent? If not working, enter 0.
*First Name of Spouse	Middle Initial of Spouse	Details of the First Child:		
*Last Name of Spouse	*Spouse's SSN	*Child's Name		*Child's Date of Birth
		*Relationship of Child Depend	ent to Claimant	<pre>mm/dd/yyyy *Does this child live with you?</pre>
*Does your spouse currently live with you ?	*Is your spouse filing for unemployment?	None		None V
None 🗸	None 🗸			2.028W Y
*Has your spouse been unemployed for the last 3 months?	*Is your spouse pregnant?	*Does this child have a physica disability?		
None 🗸	None 🗸	None *Do you pay child support?	~	
	ity that is expected to continue for a long or indefinite	None	~	
period?		*Do you receive child support?	,	

Eligibility Questions Selection

CT Direct Benefits

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Claimant Eligibility Questions Information Generally, to be eligible for unemployment benefits, the unemployment compensation law requires that an individual be able and available for and seeking full time work. Under certain conditions an individual who has a Additional Claim chronic, long term or permanent impairment may limit his or her availability for work to part time only. Information Delete Claim and Start Over Save Occupational/Educational Information *Are you able, available and actively seeking full time work? Dependent --None--Information *Are you attending school or a training program? Eligibility --None--Questions *Did you collect Worker's Compensation or were you Employment on an approved medical leave within the last 2 years? History --None--~ Acknowledgments *Are you self-employed? Answer YES whether or not you are currently receiving income from selfemployment. --None--~ *Are you or have you been an officer of a corporation within the last 2 years? --None--~

*Have you worked for the Federal government within the last 2 years?

~

~

~

~

v

--None--

*Have you served in the armed forces (excluding reserve duty) within the last 2 years?

--None--

*Have you worked for an educational institution within the last 2 years?

*Are you a construction worker?

--None--

*Are you a member of a union?

--None--

If you have not collected payments from a Worker's Compensation claim, or were not on an employer approved medical leave, please answer "no" to this question.

Previous

Next

Delete Claim and Start Over Save Previous

Next

Emloyment History Selection

CT Direct Bei	nefits Páginas en español	Live Chat is not available at this time	vunt -
Claimant Information	Employment History Beginning with the most recent employer, PLEASE L	IST ALL OF VOIR EMPLOYERS OVER T	JF I AST 18
Additional Claim Information	MONTHS. Failure to provide accurate information m claim. No payments can be made without complete int months. Employment information is required even if	ay result in substantial delays in the processin formation regarding your employment in the k	g of your ast 18
Occupational/Educational Information	*Number of Past Employers 🖌	Previous Delete Claim and Start Over Previous Choose the number of empl	
Dependent Information		have had in the last 18 mont the most recent 5 employer	
Eligibility Questions	Details of the First Employer:		If your employer provided you with their
Employment History	*Name of Most Recent Employer (As Per Pay Stub)	Employer Registration Number 🛛 🖌	Employer Registration Number please provide
Acknowledgments	Full employer address where work was performed : *Employer Country	Employer Payroll Address (if available from stub) :	it. However, this is not a required field.
	-None ~	Employer Payroll CountryNone	~
	-None V	Employer Payroll State 😡	Employer's Payroll
		Employer Payroll Street	Address information is not a required field.
	*Employer City	Employer Payroll City	
	*Employer Zip Code	Employer Payroll Zip Code	
	*Employer Phone #		
	*What is the nature of business?	Are you currently employed part-time w employer?	ith this
	Dates of employment with this employer?	None	ou are employed
	*Start Date of Employment	pai	rt-time, indicate it here
	mm/dd/yyyy		h a "yes." The separation
	*Last Physical Day of Work	rea	ison in this situation is
	nam/dd/yyyy	Lac	ck of Work.

Emloyment History Selection Cont.

If you did not work at all during this week put a 0 in these fields.	*Are you returning to work for the same employer within 6 weeks of your last day worked? -None If you worked during the week 06/11/2017 through 6/17/2017, please provide the gross wages you earned during that timeframe below. This will be used to determine if you qualify for any partial unemployment payment during this week. If you worked during the week 06/11/2017 through 6/17/2017, please provide the total number of hours you worked. Ithough 6/17/2017, please provide the total number of hours you work during a typical work week? How many days did you work during a typical work week? -None *Did or will you receive severance pay? -None *Did or will you receive vacation pay on or after your last day of work? -None	What were your gross earnings with this job in the last six months of employment? This is important if you have had multiple employers in the last 18 months.
Other payments include: Wages in Lieu of Notice Holiday Pay Retention Bonus Dismissal Pay Personal Time Off	*Did or will you receive any other payments upon separation from the employer? None *Reason for Separation from Job None *Is this separation from this employer part of a mass layoff of 20 or more employees who work in Connecticut?	Choose the separation reason that best describes your situation. If you are still employed
	None V	part-time, put Lack of Work.

Delete Claim and Start Over Previous Next Save

Acknowledgments Selection

CT Direct Be	nefits	Páginas en español	Live Chat is not available at this time	L Test Account -
Claimant Information	Acknowledgm	ents		
Additional Claim			Save Delete Claim and	Start Over Previous Next
Information			ike a determination of eligibi to be conducted. Should vou	lity for benefits, it may be require a hearing to determine
Occupational/Educational Information		-		al disability, including any learning
Dependent	None *Do you require a langua	age interpreter if hearing	z is necessary?	~
Information	None	-81	,, ·	~
Eligibility Questions	-			via an agency issued Debit Card or ment will default to Debit Card
Employment History	-		-	internet application or I have ing of Unemployment Benefits.
> Acknowledgments	*Any unemployment bei		t click this checkbox. y taxable as income by the IF	S and the Connecticut
	Department of Revenue of unemployment compe - 10% for federal taxes a	Services, PROVIDED Y ensation benefits paid to and 3% for CT state inco	OU ARE REQUIRED TO FI you along with income taxes (me tax) withheld will be mail	LE A TAX RETURN. The amount if you opted to have taxes withheld ed to the last address on record by your unemployment payments?
	None			~
	If you do not receive an o folder.	email after you Save or S	ubmit your claim then pleas	e check your Spam/junk email
			Save Delete Claim and	Start Over Previous Next

If you click "Next" on this page and any required questions are not answered, an error will appear at the top of the page advising you what pages have missing information. You can navigate back to the pages with missing information by using the previous button or clicking on the name of the page on the left side.

Error:

Please check the required checkbox on Claimant Information Section before submitting the Claim.

Confirmation Section



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👤 Test Account 🗸

Confirmation section

Almost Done! Please click on the "Submit" button to complete your online application for unemployment compensation benefits. We will review the information you provided and will contact you if we have any additional questions. Please monitor your e-mail for upcoming communications.

Upon review of this claim application by Department of Labor personnel, you will receive a confirmation email as well as follow up correspondence by mail. Please allow the Department of Labor at least five business days following the submission of this claim since important information will be forthcoming by email as well as in writing.

*I hereby authorize the Department with permission to send an electronic Unemployment Compensation Benefits Rights Informational booklet upon submission of this claim to the email address provided with this claim. I further acknowledge that I am responsible for reviewing the contents of this electronic document to learn about my rights and responsibilities. I understand that I may request a paper copy of the Benefits Rights Informational booklet by sending an email request with my name and address to the following email address: dol.callcenter@ct.gov



After your claim is submitted

- When the claim is submitted you will be redirected to a page that advises you on the next steps in filing. Your claim is submitted, you do not need to go back to the CT Direct Benefits site.
- You will receive an email confirmation that your claim has been submitted and advising you that it will be processed within the next 5 business days.
- Once the claim is processed, you will receive another email providing you more information and advising you on your next steps. Read this email in its entirety as it is your responsibility to know this information. This email will also have several attachments for your review.