

EMPLOYERS: FILING AN ATTACHED CLAIM ON BEHALF OF YOUR EMPLOYEES

Updated April 19, 2020



NC DEPARTMENT
of COMMERCE
EMPLOYMENT SECURITY

ATTACHED CLAIMS

An attached claim is an unemployment claim filed by an employer on behalf of employees who have been temporarily laid off or who have worked less than 60 percent of their customary full-time hours in a calendar week.

Governor Roy Cooper has issued an order lifting some of the requirements for employers to file attached claims on behalf of their employees. Under Executive Order No. 131:

- An employer does not need to prepay the cost of the unemployment benefits for their employees at the time the attached claim is filed.
- Employers may file attached claims for a period of more than six weeks of benefits.
- Employers may submit an attached claim for an employee more than once in a year.
- Employers do not need to have a positive credit balance with DES to file attached claims.

HOW TO FILE AN ATTACHED CLAIM

1. Sign into your online account at des.nc.gov. Under Claim Services, click on the green **Click Here** link.
2. Under Benefit Information, click on **File Claim**.

BENEFIT INFORMATION

Potential Benefit Charges

Actual Benefit Charges

SIDES Participation

Maintain SIDES Participants

File Claim

Weekly Certification

Multi-Claimant Group

Incident of Late or Inadequate Responses

3. Read the information, click on the **Agreement Box**, then click **Continue**.



Division of Employment Security
North Carolina Department of Commerce

Home **Employer Filing** Benefits Information Multi-Claimant Group Employer Homepage My Alerts

EMPLOYER AFFIDAVIT FOR FILING UI

I Certify By The Use Of This Transaction That The Individuals Submitted For Unemployment Benefits For This Week:

1. Are citizens of the UNITED STATES or authorized to work in the UNITED STATES
2. Are laid off temporarily for lack of work
3. Were not on scheduled vacation
4. Have accepted all work made available to them
5. Are not receiving a retirement pension
6. Did not perform services to, for, with or on behalf of a school or educational institution (this includes public and private schools or educational institutions and licensed pre-K providers with employees) and employee is not working due to a lack of work other than because of school closure (e.g. Summer break, primary school vacation period or holiday recess).

I agree to the above

If You Do Not Agree To The Above Information Select Cancel Below

Cancel

Continue

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4. Complete the Group and Separation information.

Note that you can only select the previous or current week as the First Week of Unemployment. You cannot file for a future date. For example, if you have employees working their last day on Tuesday of next week, you must wait until at least that Tuesday to file the attached claim.

Save the Group and Separation Information.

Group and Separation Information

Group Type :

* Last Day Worked : (mm/dd/yyyy) **(Please note you may provide a Last Day W**

* First Week of Unemployment : (mm/dd/yyyy)

Return to Work Date : (mm/dd/yyyy) OR Return Type:

Location affected :

Please select a group contact or enter their information.

Contact Type:

Contact Title :

* Contact Person Name :

* Phone Number : (999-999-9999)

Email Address : (xxx@yyy.zzz)

Fax Number: (999-999-9999)

5. You will be given a Group ID. This is your reference number for the employees you are including in the attached claim. Click **Next**.

Other Group Details

Group ID	Group Type	Separation Begin Date	Return to Work Date
483	File a Claim	04/02/2020	Unknown

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- Now you must submit information for each employee in the group. This information can be entered directly on the page, or you may download, complete and upload a spread sheet of information. Manual entry works better for smaller groups of employees.

Enter the information and click **Save** for each employee included in the attached claim. (**Note:** If an employee has already filed a claim due to COVID-19, please do not include that individual on the attached claim. The employee should continue to complete their own Weekly Certifications.)

To add an employee, please enter the following information and click Save.

* Employee SSN :	<input type="text"/>	* Address Line 1 :	<input type="text" value="700 Wade Ave"/>
* Date of Birth :	<input type="text" value="02/05/1988"/> (mm/dd/yyyy)	* Address Line 2 :	<input type="text" value="Apt 3G"/>
* Last Name :	<input type="text"/>	* City :	<input type="text" value="RALEIGH"/>
* First Name :	<input type="text"/>	* State :	<input type="text" value="North Carolina"/>
Middle Initial :	<input type="text"/>	* Zip :	<input type="text" value="27605"/>
* Race :	<input type="text"/>	* County :	<input type="text" value="WAKE"/>
* Gender :	<input type="text" value="Female"/>	Telephone :	<input type="text"/>
* Ethnicity :	<input type="text" value="Not Hispanic or Latino"/>	* US Citizen :	<input type="text" value="YES"/>
Alien Registration :	<input type="text"/>	Alien Reg. Exp. Date :	<input type="text"/>

Eligibility Questions

* Hours Worked :	<input type="text" value="0"/>	* Start Date :	<input type="text" value="05/01/2000"/> (mm/dd/yyyy)
Claimant's Gross Earnings for the week of 04/05/2020 through 04/11/2020 :	<input type="text" value="0"/>	Last Day Worked :	<input type="text" value="04/02/2020"/> (mm/dd/yyyy) (If dif
Holiday pay :	<input type="text"/>		
Vacation pay :	<input type="text"/>		
Bonus Pay :	<input type="text"/>	Bonus Type :	<input type="text"/>

* Did the claimant work all available hours? Yes No

* Was the claimant able and available to work? Yes No

* Has the claimant applied for or received any disability payments? Yes No

* Is the claimant receiving any kind of retirement or pension (Excluding Social Security)? Yes No

* Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business? Yes No

* Is the claimant the child, spouse, or parent of this employer? Yes No

- When you have entered information for all employees, click **Finish**. The filing is complete for this group. You will receive a confirmation that you can **Print**.

* Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business? Yes No

* Is the claimant the child, spouse, or parent of this employer? Yes No

Click to display names starting with the letter.
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

	SSN	Last Name	First Name	Address Line 1	Address Line 2	City	State	Zip
<input checked="" type="radio"/>		PORTER	IMA	700 Wade Ave	Apt 3G	RALEIGH	NC	276

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- To view the attached claim, go to your Claims Services page and click on **Multi-Claimant Group** under Benefit Information.

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Multi-Claimant Group

Incident of Late or Inadequate Responses

IMPORTANT: EMPLOYERS MUST FILE WEEKLY CERTIFICATIONS FOR ATTACHED CLAIMS

The employer is responsible for completing Weekly Certifications for the employees included in an attached claim. Complete Weekly Certifications no later than 14 days from the end of each week, or your employees will not receive payment.

When it is time to submit the Weekly Certification, click on **Weekly Certification** under Benefit Information on your Claims Services page.

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Use the drop-down menu to choose the Benefit Week you need certify and confirm that it has the correct Group ID. Complete the information for each employee, then click **Submit** to certify the week.

You have successfully filed a Multi-Claimant Group. Your Confirmation number is: 2717795

By filing these attached claims, you will be responsible for filing weekly certifications for the employees listed under the assigned Group ID.

The Weekly Certification link is displayed under the Benefits Information section of the Employer Menu screen.

Weekly Certification must be filed no later than 14 days from the week ending date.

Print

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DIRECT DEPOSIT AND TAX WITHHOLDING

After an attached claim is established, the employees included in the claim are mailed a Wage Transcript and Monetary Determination, as well as a 500TW Direct Deposit and Request for Tax Withholding form. Employees can return the Direct Deposit and Tax Withholding form by mail or fax. They may also go to des.nc.gov and create an account to submit direct deposit or tax withholding information online.

Upload File Account#:

Select Download to download a formatted spreadsheet. Edit the spreadsheet and enter the required information, then come back to upload.
Select Upload to upload your list of employees.

Fields marked with * are required.

[Back](#) [Download](#) [Upload](#)

[To learn about the upload/download file format click here.](#)

Claimant List

BWE : Group ID :

Please review the list of claimants for the week ending prior to submitting. Provide the requested information if applicable.

- * Hours - How many hours did the claimant work?
- * Wages - Any wages the claimant earned from you and another employer.
- * Other Pay Amount - Enter the amount of Other Pay.
- * Availability - Did the claimant work all available hours?
- * Retirement - Did the claimant begin receiving or change pension amount (excluding Social Security)?
- * Identify the individuals that you do not wish to certify by selecting the option "Do Not Certify".

One item found.1

Last Name	First Name	SSN	Hours	Wages	Other Pay Amount	Availability	Retirement	Do Not Certify	Group
PORTER	IMA	147-25-8036	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="YES"/>	<input type="text" value="NO"/>	<input type="checkbox"/>	483 - 1

[Submit](#)