

#### **Reemployment Assistance Benefits**



Reemployment Assistance provides temporary, partial wage replacement benefits to qualified workers who are unemployed through no fault of their own.

### How it Works

# A separated worker files a claim

# The worker's eligibility is determined

The affected party can file an appeal

- Reemployment Assistance benefits are paid for by the employer
- Improper benefit payments can be a major burden
- Responding electronically is the best way to ensure timely reporting and avoid any improper benefit charges

- CONNECT is a web-based claims maintenance system that provides 24/7 access to claimants and employers.
- It was introduced in 2013 to replace previous system



#### CONNECT can be accessed by six types of users:

- Claimants apply for benefits, file an appeal and view and send correspondence
- Employers file appeals, protest benefit charges and view and send correspondence
- DEO Staff evaluate information, authorize payments, adjudicate issues and maintain data
- TPRs (Third Party Representative) access CONNECT on behalf of the claimant
- TPAs (Third Party Administrator) access CONNECT on behalf of the employer
- Other State and Federal Agencies perform contracts that outline the information that they can access in CONNECT

- Access account 24/7
- Respond to all claimant inquiries
- File benefit charge protests
- Submit files or forms electronically
- View claim and appeal information in one place
- Faster response times
- Fraud prevention

- CONNECT can operate under the following browsers:
- Internet Explorer 11
- Chrome
- Firefox 16 or 17
- Safari 4 or 5
- Tablets, Phones and other mobile devices are not currently supported by CONNECT

#### Where Can You Access CONNECT?

Employers can access CONNECT by typing or copying the following link into the address bar: <u>https://employers.connect.myflorida.com</u>

CONNECT can also be accessed from the DEO website: <u>http://www.floridajobs.org</u>

Employer User Guide <u>http://www.floridajobs.org/unemployment/connect/E</u> <u>xternal\_Guide\_Employer.pdf</u>

## SIDES

The State Information Data Exchange System (SIDES) is a national program that allows employers to easily respond to requests for separation information. It is an alternative to responding to UCB-412's and Fact-Finding questionnaires in CONNECT and is especially helpful to employers and TPA's who operate in multiple states.

There are two versions of SIDES:

- 1. UI SIDES
- 2. SIDES E-Response

## **UI SIDES**

**UI SIDES** is beneficial to large employers or TPA's who normally deal with a high volume of requests. These employers are able to integrate their current system with SIDES which allows for customization and automation. This option requires programming on the employer's side.



Employers with a smaller number of employees can choose to use the **SIDES E-Response** web portal which allows them to respond to multiple UCB-412's, Fact Findings or weekly wage verifications from different states all in the same place. All responses made through E-Response will be attached to an issue in CONNECT.



## Click on 'Manage SIDES E-Response' (only staff with Administrator role will see it)

Manage SIDES E-Response	Employer Home	
User Maintenance Assign and Maintain TPA	Employer Home Employer Home	
	View Employer Account Profile View Account Information	Employer Inbox View and maintain your inbox.
	Short Time Compensation Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.	Address Information View addresses and phone numbers. Maintain email address and update correspondence preference.
	Benefit Charge Protest Protest benefits charged against your account	Correspondence Search Search for Correspondence
	Manage SIDES E-Response	User Maintenance

#### Click on 'SIDES E-Response Registration Screen'

View Employer Account Profile	SIDES E-Response Registration Information Screen							
Employer Inbox	UI SIDES SIDES.							
Short Time Compensation								
Address Information								
Benefit Charge Protest	UI State Information Data Exchange System (SIDES)							
Correspondence Search								
Manage SIDES E-Response	state Information Data Exchange System (SIDES) E-Response was developed through a partnership between the U.S. Department of Labor (USDOL) and state Unemployment Insurance (UI) agencies to implify and streamling responses to UI information requests. SIDES E. Response uses a patientially standardized electronic formation processes UI information exchanges.							
User Maintenance	amping and accuming responses to or mornitation requisits, once a recipional uses a nationally stationardized, decirone roman to process or mornitation exemptings.							
Assign and Maintain TPA	E-Response provides an easy and efficient method for employers to respond electronically to separation or weekly earnings information requests with just a computer connected to the internet. An email notification is sent to the employer to alert of a request for separation or weekly earnings information. The employer logs into a secure website, completes the request, and it is sent to the State for further processing. E-Response works best for small employers, or employers with few requests for separation information.							
	For information about SIDES E-Response, go to http://info.uisides_org/sides_eresponse.asp or if you wish to speak with an Unemployment Insurance Representative please call 877-846-8770.							
	To read more detailed information and to register for SIDES E-Response, click the link below.							
	Previous SIDES E-Response Registration Screen							

#### FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

#### Check the box to register for SIDES E-Response and click 'Submit'

SIDES E-Response Registration
SIDES
in Postorica
-z-kesponse
E-Response provides an easy and efficient method for employers to respond electronically to separation or weekly earnings information requests with just a computer connected to the internet. An email notification is sent to the employer to a lert of a request for separation or weekly earnings information. The employer logs into a secure website, completes the request, and it is sent to the State for further processing. E-Response works best for small employers, or employers with few requests for separation information.
If you choose to participate in the SIDES E-Response System:
<ul> <li>The SIDES E-Response Web Portal will allow you to receive, manage, respond, and return certain correspondence in reference to former employees.</li> <li>Through SIDES you will be able to respond to:         <ul> <li>Determination Notice of Claim Filed</li> </ul> </li> </ul>
<ul> <li>Fact Finding for issues identified during the initial or reopen claim process</li> </ul>
<ul> <li>Requests for weekly earnings for Claimants who may have been paid benefits while working as identified from:</li> <li>State or National New Hire reports from employers</li> </ul>
Quarterly Post Wage Audits
<ul> <li>Through your Connect Employer Portal all other correspondence reviews, responses or actions will be performed, including the examples listed below:</li> <li>Additional fact-finding requests</li> </ul>
<ul> <li>Responding to requests for quarterly wage information due to claimants requests for monetary reconsideration</li> </ul>
<ul> <li>Reviewing non-monetary determinations</li> </ul>
<ul> <li>Filing appeals to non-provedary determinations</li> </ul>
<ul> <li>Reviewing Apreals decisions</li> </ul>
Filing angher level appeals
Protesting benefit charges
Inderstand the above information and choose to use the SIDES E-Response System to respond to the requests for information that will be sent through the SIDES E-Response web site. I understand that I will also need to respond to requests for information, review determinations and decisions and perform certain actions through the Connect Employer Portal, as indicated above.
Verify Email Address
In order to use the SIDES E-Response System, an email address is required so that you can be advised when correspondence has been posted. Email address: PersonneiRecords-Unemployme
Return to Previous Screen Return to Connect Home Submit

#### Registration confirmation and PIN will populate

SIDES E-Response Registration Confirmation
You have been registered as a SIDES E-Response participant. You will receive a confirmation letter providing you with additional information. An email notification will be sent to you when correspondence is available through the SIDES E-Response web site. You may change your SIDES E-Response election at any time.
SIDES Personal Identification Number (PIN):
PIN <mark>YubJvg</mark>
Please keep this PIN in a safe location as it will be required to access all E-Response information. You can view this PIN or generate a new PIN by logging into your Connect Portal and clicking on the SIDES E-Response link.
ок

#### To access SIDES E-Response go to uisides.org

Employers can contact the support unit for questions by following these prompts:

- 1. Appeals
- 2. Benefit Charging
- 3. Wage updates
- 4. Benefit Payment Control
  - New Hires
  - Wage Audits
- 5. SIDES

1-877-846-8770

## Login to CONNECT

## Access CONNECT by typing or copying the following link into a browser address bar: <u>https://employers.connect.myflorida.com</u>

Florida Department of Economic Opportunity: Employer Login
Message to current SIDES E-Response Employers: To respond to a SIDES Separation Request, go to https://uidataexchange.org/ .
TO OBTAIN SIDES PIN#: Login to Connect Employer Portal, select 'Manage SIDES E-Response', select 'SIDES E-Response Registration Screen' and without making any changes on the Registration screen, click 'Submit'. The PIN# will then display on the 'Registration Confirmation' screen. Next, click 'Print Preview' at top of screen to clarify PIN characters. For additional assistance, call the DEO RA Employer Information line at 877-846-8770, option 5.
• Form 1099-G for calendar year 2016 will be mailed between January 15 and January 31, 2017. At this time, you now have the option to change your correspondence preference to "electronic" instead of "U.S. mail" in order to receive your 1099-G sooner. For more information please visit http://www.floridajobs.org
• This weekend, Employ Florida Marketplace (EFM) is getting a new look with a cleaner, easier-to-use interface for jobseekers like you. To implement this change, EFM will be down from 5 p.m. Friday, January 13 until 8 a.m. Monday, January 16.
For Reemployment Assistance (RA) claimants who need to register for work or to apply for work through EFM, please do so before or after the downtime shown above. Please allow approximately an hour to complete the full work registration process. Accessing EFM through your CONNECT account via the 'Workforce Registration Information' link or at the end of your Reemployment Assistance application will lead you through the RA path for a better experience.
• The Department of Economic Opportunity will be closed on Monday, January 16, 2017, in observance of Martin Luther King Jr. Day. Therefore, no payments will be processed during this time. The department will reopen on Tuesday, January 17, 2017 at 8:00am Eastern Standard Time.
To access Employer account information, enter your User ID and Password. For purposes of authentication, using your Password is considered the same as using your signature.
User ID:
Passwold.
Login Forgot Password
Your account will be locked after 3 attempts. If you are having problems logging in, enter your User ID and select the "Forgot Password" button to reset your password.

The Employer should have received a user ID and set up the password earlier. If you did not, please contact us after the presentation.

#### Home Page

This page contains the hyperlinks needed to maintain your employer account. Hyperlinks can be accessed on the lefthand side or in the center of the page.

Change Password Logoff								
Employer Home	Employer Information							
	Employer Account Number:	Employer Name:	FEIN: 590324412					
View Employer Account								
Employer Inbox	For additional employer resources, please click on the link below. You will be provided with information	n on how to change/modify your address, submit req	uests for Power of Attorney, report New Hires,					
Short Time Compensation	access Florida Statutes, Employ Florida Marketplace, and other employer/TPA resources. http://www.floridajobs.org/job-seekers-community-services/reemployment-assistance-center/employe	<u>rs</u>						
Address Information	The Florida Department of Economic Opportunity is coming to a city pear you! If you would like to lear	n some useful information for your business, come to	one of the Town Hall meetings					
Benefit Charge Protest	http://floridajobs.org/docs/default-source/employers/townhall_flyer_jan2017.pdf? sfvrsn=2	n some useral information for your business, come to	one of the rown han meetings.					
Correspondence Search	Employer Home							
Manage SIDES E-Response								
User Maintenance	Employer Home							
Assign and Maintain TPA								
	View Employer Account Profile View Account Information	<u>Employer Inbox</u> View and maintain your inbox.						
	Short Time Compensation Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.	Address Information View addresses and phone numbers. Maintain em preference.	ail address and update correspondence					
	Benefit Charge Protest Protest benefits charged against your account	Correspondence Search Search for Correspondence						
	Manage SIDES E-Response If you are a small or medium sized employers, click the link above for information regarding the National State Information Data Exchange System (SIDES).	User Maintenance Assign or Update user access to Employer accourt	it information.					
	Assign and Maintain TPA Used for Assigning and Maintaining TPA roles for a particular Employer							

From the Home Page you can:

- 1. View the 'Notice of Important items requiring your attention'.
- 2. Select 'Logoff' to log off.
- 3. Select 'Employer Inbox' to view your Employer Actions Items.
- 4. Select 'Address Information' to maintain your account address.
- 5. Select 'Benefit Charge Protest' benefit charges made against your employer account.
- 6. Select 'Correspondence Search' to search for completed correspondence.
- 7. Select 'User Maintenance' to maintain users associated with your Employer Account.
- 8. Select 'Assign and Maintain TPA' to assign or maintain a TPA that you have contracted with to handle with your account.

## **Important Items Requiring Your Attention**

A new link has been added so that Employers will now receive an alert on their home page for items that need their attention. It can contain general information about their account or notification that correspondence has been returned as 'undeliverable'.

Employer Information Employer Account Number:	Employer Name: FEIN:
Important Items Requiring Your Attention For additional employer resources, please click on the link below. You will be provided with information access Florida Statutes, Employ Florida Marketplace, and other employer/TPA resources. http://www.floridajobs.org/job-seekers-community-services/reemployment-assistance-center/employer	n on how to change/modify your address, submit requests for Power of Attorney, report New Hires, <u>s</u>
Employer Home Employer Home Employer Home	
View Employer Account Profile View Account Information	Employer Inbox View and maintain your inbox.
Short Time Compensation Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.	Address Information View addresses and phone numbers. Maintain email address and update correspondence preference.
Benefit Charge Protest Protest benefits charged against your account	<u>Correspondence Search</u> Search for Correspondence
Manage SIDES E-Response If you are a small or medium sized employers, click the link above for information regarding the National State Information Data Exchange System (SIDES).	<u>User Maintenance</u> Assign or Update user access to Employer account information.
Assign and Maintain TPA Used for Assigning and Maintaining TPA roles for a particular Employer	

#### **Access Employers Inbox**

The "Employer Inbox" screen will be used by the Employer to view the action items that require their attention.

#### To navigate there, select the 'Employer Inbox' hyperlink.

Change Password Logoff			
Employer Home	Employer Information Employer Account Number:	Employer Name:	FEIN:
View Employer Account Profile Employer Inbox Short Time Compensation Address Information Benefit Charge Protest	Important Items Requiring Your Attention For additional employer resources, please click on the link below. You will be provided with informatio access Florida Statutes, Employ Florida Marketplace, and other employer/TPA resources. Imp. Howw.floridajobs.org/job_seekers-community-services/reemployment-assistance-center/employe Employer Home	n on how to change/modify your address, submit requests for Power of At r <u>s</u>	torney, report New Hires,
Correspondence Search Manage SIDES E-Response User Maintenance	Employer Home Employer Home		
Assign and Maintain TPA	View Employer Account Profile View Account Information Short Time Compensation Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.	Employer Inbox View and maintain your inbox Address Information View addresses and phone numbers. Maintain email address and upda preference.	te correspondence
	Benefit Charge Protest         Protest benefits charged against your account         Manage SIDES E-Response         If you are a small or medium sized employers, click the link above for information regarding the National State Information Data Exchange System (SIDES).         Assign and Maintain TPA         Used for Assigning and Maintaining TPA roles for a particular Employer	Correspondence Search Search for Correspondence <u>User Maintenance</u> Assign or Update user access to Employer account information.	

## **Employer Inbox**

The Employer Inbox acts as a hub for Employer correspondence and will open with the Notice of Hearings displayed directly under Employer Information.

Employer Information										
Employer mormation										
Employer Account Number			Emple	oyer Name:		FEINC	90324412			
Notice of Hearing										
The Action Due Date below refers	to any hearing(s) schedu	led through the pres	sent date. To access Notice	of Hearing documents for pas	t hearing dates, search	through Correspondence	e Search.			
Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor			
58221657	Notice of Hearing	XXX-XX-XXXX	BROWN	JULIE	01/25/2017	01/13/2017				
58586767	Notice of Hearing	XXX-XX-XXXX	GREEN	Cynthia	02/01/2017	01/19/2017				
58643832	Notice of Hearing	XXX-XX-XXXX	RED	MAKENDY	02/01/2017	01/20/2017				
<u>58709333</u>	Notice of Hearing	XXX-XX-XXXX	PURPLE	Konstantinos	02/06/2017	01/25/2017				
<u>58685076</u>	Notice of Hearing	XXX-XX-XXXX	PERMSIMMON	John	02/06/2017	01/24/2017				
<u>58691855</u>	Notice of Hearing	XXX-XX-XXXX	LIME	Stephanie	02/06/2017	01/24/2017				
<u>58712664</u>	Notice of Hearing	XXX-XX-XXXX	LEMON	Courtney	02/08/2017	01/25/2017				
<u>58710563</u>	Notice of Hearing	XXX-XX-XXXX	APPLE	brandy	02/16/2017	01/25/2017				
Employer Inbox										
	NOTE	: Search criteria is	required. Please be as sp	ecific as possible when ent	ering search criteria.					
	Action Due Date		(mm/dd/yyyy) To:	// (mm/dd/yyyy)						
	Created on Date		(mm/dd/yyyy) To:	/ (mm/dd/yyyy)						
Claimant	t Social Security Number		Claimant ID:							
	Claimant Last Name		Document ID:							
	Claimant First Name			Original Empl	oyer:	~				
	Subject	Select One		~						
			Deast	rah						
			Reset							

#### **Search for Action Items**

#### To view other action items, the search must be filtered. You can filter by:

- 5. Claimant ID 6. Document ID
- 1. Action Due Date 2. Created on Date 3. SSN 4. First & Last Name 7. Subject (Correspondence Type)

<u>58164243</u>		Notice of Hearing	XXX-XX-XXXX			Jamy	01/25/2017	01/11/2	017		
<u>58586767</u>		Notice of Hearing	XXX-XX-XXXX			Cynthia	02/01/2017	01/19/2	017		
<u>58643832</u>		Notice of Hearing	XXX-XX-XXXX			MAKENDY	02/01/2017	01/20/2	017		
<u>58584376</u>		Notice of Hearing	XXX-XX-XXXX			John	02/02/2017	01/19/2	017		
Employer Inbox	Employer Inbox										
	NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.										
		Action Due Date:	From: / /	(mm/dd/yyy	yy) To:	/ / (mm/dd/yy	/уу)				
		Created on Date:	From:	(mm/dd/yyy	yy) To:	/ (mm/dd/yy	/yy)				
	Claim	ant Social Security Number:				(	Claimant ID:				
		Claimant Last Name:				De	ocument ID:				
		Claimant First Name:				Origina	al Employer:		~		
		Subject:	Select One			~					
All       Appeal Information         Appeal Information       Appeal Information         To locate documents no longer available in your inbox,       Englibility Determination         To move documents to your Correspondence Search, select       Infine Re-determined Statement of Charges (Monetary ndence Search' column and click the 'Send to Correspondence Search' button. The ability to move documents to Correspondence Search applies to all docume         Failure to respond by the specified deadline will result in even if such payments are later determined to be errore       Subject 4         Search Results       UCB 112 SIDES MON         Select All       Weekly-Earnings Wage Verification (UCO-2)							bility to move				
Move To Correspondence Search	<u>ltem</u>	Employer Name	<u>Subject</u>		<u>Claimant</u> <u>SSN</u>	<u>Claimant Last</u> <u>Name</u>	<u>Claimant First</u> <u>Name</u>	Action Due Date	<u>Created on</u> <u>Date</u>	Predecessor*	
	<u>58645879</u>		Notice of Claim File 412	d - UCB- >	xx-xx-xxxx	Parker		02/09/2017	01/20/2017		
	<u>58645837</u>		Notice of Claim File 412	d - UCB- )	XXX-XX-XXXX	vargas		02/09/2017	01/20/2017		
	<u>58643507</u>		Notice of Claim File 412	d - UCB-	XXX-XX-XXXX	marin		02/09/2017	01/20/2017		

## Search by Correspondence Type

To search for a specific type of correspondence, click on the **Subject** drop down arrow and select one of the following:

1. All

- 2. Appeal Information
- 4. Employer Notification
- 7. Other
- 10. SIDES UCO2

- 5. Fact Finding
- 8. Protest Benefit Charges
- 11. UCB 412 SIDES Mon

- 3. Eligibility Determinations
- 6. Notice of Claim Filed UCB-412
- 9. SIDES E-Response Confirmation
- 12. Weekly-Earnings Wage Verification (UCO2)

<u>58164243</u>		Notice of Hearing	XXX-XX-XXXX		Jamy	01/25/2017	01/11/2	017	
58586767		Notice of Hearing	XXX-XX-XXXX		Cynthia	02/01/2017	01/19/2	017	
58643832		Notice of Hearing	XXX-XX-XXXX		MAKENDY	02/01/2017	01/20/2	017	
58584376		Notice of Hearing	XXX-XX-XXXX		John	02/02/2017	01/19/2	017	
Employer Inbox									
		NOTE:	Search criteria is required. F	lease be as sp	ecific as possible wh	en entering search o	criteria.		
		Action Due Date:	From: / (mm/dd/	уууу) То:	/ (mm/dd/yy	уу)			
		Created on Date:	From: (mm/dd/	уууу) То:	/ (mm/dd/yy	уу)			
	Claim	nant Social Security Number:			C	Claimant ID:			
		Claimant Last Name:			Do	cument ID:			
		Claimant First Name:			Origina	I Employer:		~	
		Subject:	Select One		~				
To locate documen To move document documents to Corro Failure to respond even if such payn Search Results Select All	nts no long is to your Co espondence i by the spe eents are lat	er available in your inbox, prrespondence Search, selec Search applies to all docume crified deadline will result i ter determined to be errone	Appeal Decision Appeal Information Eligibility Determination Employer Notification Fact Finding Initial Re-determined Statement of Char Notice of Claim Field – UCB-412 Other Protest of Benefit Charges SIDES E-Response Confirmation SIDES UC2 TPA Role Assignment Notification Corre UCB 412 SIDES MON Weekly-Earnings Wage Verification (UC	spondence (-2)	ce Search' column and	click the 'Send to Co o, your account cou	nrespondence Sea	rch' button. The a	bility to move
Move To Correspondence Search	<u>ltem</u>	Employer Name	Subject	<u>Claimant</u> <u>SSN</u>	<u>Claimant Last</u> <u>Name</u>	<u>Claimant First</u> <u>Name</u>	Action Due Date	<u>Created on</u> <u>Date</u>	Predecessor*
	<u>58645879</u>		Notice of Claim Filed - UCB- 412	XXX-XX-XXXX	Parker		02/09/2017	01/20/2017	
	<u>58645837</u>		Notice of Claim Filed - UCB- 412	XXX-XX-XXXX	vargas		02/09/2017	01/20/2017	
	<u>58643507</u>		Notice of Claim Filed - UCB- 412	XXX-XX-XXXX	marin		02/09/2017	01/20/2017	

In the example above, all outstanding Notice of Claims Filed – UCB-412 have been selected.

FLORIDA DEPARTMENT & ECONOMIC OPPORTUNITY

#### **Inbox Workflow**

- 1. After selecting the type of correspondence you want to view, click on the Search button.
- 2. To open the document click on the item hyperlink and the system displays the item selected.
- 3. After the User completes and submits an action item, such as Notice of Claimed file or other fact finding, the System removes the action item from the Employer Inbox and moves it to employer correspondence.

<u>58164243</u>		Notice of Hearing	XXX-XX-XXXX			Jamy	01/25/2017	01/11/2	017	
<u>58586767</u>		Notice of Hearing	XXX-XX-XXXX			Cynthia	02/01/2017	01/19/2	017	
58643832		Notice of Hearing	XXX-XX-XXXX			MAKENDY	02/01/2017	01/20/2	017	
58584376		Notice of Hearing	XXX-XX-XXXX			John	02/02/2017	01/19/2	017	
								1		
Employer Inbox	Employer Inbox									
	NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.									
		Action Due Date:	From: / /	(mm/dd/y	ууу) То:	mm/dd/yy	уу)			
		Created on Date:	From: / /	(mm/dd/y	ууу) То:	(mm/dd/yy	уу)			
	Claim	ant Social Security Number:				C	Claimant ID:			
		Claimant Last Name:				Do	ocument ID:			
		Claimant First Name:				Origina	I Employer:		~	
		Subject:	Select One			~				
To locate document To move document documents to Corrr Failure to respond even if such paym Search Results Select All	nts no long ts to your Co espondence d by the spe nents are lat	er available in your inbox, or rrespondence Search, select Search applies to all docume cified deadline will result in er determined to be errone	Appeal Decision Appeal Information Eligibility Determination Engloyer Notification Fact Finding Initial Re-determined Stat Vorbes of Generit Charge SIDES E-Response Confi SIDES E-Response Confi SIDES E-Response Confi VIDES E-Response Confi VIDES HARDER SIGNIE VIDES HORD VIDES HARDER SIGNIE VIDES HARDER SI	ement of Charg 18-412 s rmation tification Corres erification (UCC	sear es (Monetary Idenc Pavail pondence	e Search' column and	l click the 'Send to Co so, your account cou	rrespondence Sea	rch' button. The a	bility to move
Move To Correspondence Search	<u>Item</u>	Employer Name	Subject	t	<u>Claimant</u> <u>SSN</u>	<u>Claimant Last</u> <u>Name</u>	<u>Claimant First</u> <u>Name</u>	Action Due Date	<u>Created on</u> <u>Date</u>	Predecessor*
	<u>58645879</u>		Notice of Claim Fil 412	ed - UCB-	XXX-XX-XXXX	Parker		02/09/2017	01/20/2017	
	<u>58645837</u>		Notice of Claim Fil 412	ed - UCB-	XXX-XX-XXXX	vargas		02/09/2017	01/20/2017	
	<u>58643507</u>		Notice of Claim Fil 412	ed - UCB-	XXX-XX-XXXX	marin		02/09/2017	01/20/2017	

#### **Inbox Workflow**

- 5. Documents that don't require a response, e.g. Employer Action Item notices, will need to be moved to correspondence.
- 6. To move documents to your Correspondence Search, select the checkboxes in the 'Move to Correspondence Search' column and click the 'Move to Correspondence Search' button.

Employer Inbox	Employer Inbox							
	NOTE: \$	Search criteria is required.	Please be as s	pecific as possible v	when entering search of	riteria.		
	Action Due Date: From: A mm/dd/yyyy) To: A mm/dd/yyyy)							
	Created on Date: F	From: (mm/do	d/yyyy) To:	(mm/dd/	уууу)			
	Claimant Social Security Number:							
	Claimant Last Name: Document ID:							
	Claimant First Name:			Origi	nal Employer:		$\overline{\checkmark}$	
	Subject:	Protest of Benefit Charges		~				
			Reset Se	arch				
To locate docume	nts no longer available in your inbox, cl	ick on the 'Correspondenc	e Search' hype	rlink.				
To move document documents to Corre	ts to your Correspondence Search, select t espondence Search applies to all documen	he checkboxes in the 'Move ts, except Notice of Hearing.	to Corresponder	nce Search' column a	nd click the 'Send to Co	rrespondence Sea	arch' button. The a	ability to move
Failure to respond even if such paym	t by the specified deadline will result in eents are later determined to be erroneo	a determination being issu us.	ied with the ava	ilable information. A	Also, your account cou	IId be charged fo	r benefits paid to	o the claimant
Select All								
Move To Correspondence Search	Item Employer Name	<u>Subject</u>	<u>Claimant</u> <u>SSN</u>	<u>Claimant Last</u> <u>Name</u>	<u>Claimant First</u> <u>Name</u>	Action Due Date	<u>Created on</u> <u>Date</u>	Predecessor*
	<u>57830660</u>	Employer Protest Charges	XXX-XX-XXXX	OAK	JAMESSON		12/27/2016	
	57827613	Employer Protest Charges	XXX-XX-XXXX	PINE	Delma		12/27/2016	
	57820605	Employer Protest Charges	XXX-XX-XXXX	MAPLE	Angela		12/27/2016	
	57825674     Employer Protest Charges     XXX-XX-XXXX     FIR     SCOTT     12/27/2016							
* If the Prede	* If the Predecessor field is populated, then the item has arrived in your inbox because you either fully succeeded the employer, or partially succeeded the employer for the claimant's SSN.							
		<b>D</b> -+	Marine Tal G	C L				
		Previous	wove to corre	spondence Search				

## **Address Information Hyperlink**

The Address Information Hyperlink page displays the employer's current Legal, Mailing, and Benefits address as designated by the employer with the Florida Department of Revenue site.

Available hyperlinks on the page are:

- Update Correspondence Preference
- View Address History

Change Password Logoff									
Employer Home	Employer Informa	Employer Information							
	Employer Account Nu	umber: XXXXXXXX		Employ	er Name:	TOY TOWN OF	TALLAHASSEE	FEIN: 59-XXXXXXX	
View Employer Account Profile	Address Informati	on							
Employer Inbox	Address Type	Address	Address2	City	State	Zip Code	Bad Addr Source DEO	Bad Addr Source DOR	
Short Time Compensation	Legal	4852 N. MONROE STREET		TALLAHASSEE	FL		N	N	
Address Information	Mailing	PO BOX 593		TALLAHASSEE	FL		Ν	Ν	
Ronofit Charge Drotect	Benefits	ATTN PERSONNEL, PO BOX 593		TALLAHASSEE	FL		Ν	Ν	
Benefit Charge Protest									
Correspondence Search	Update Corresponde	nce Preference							
Manage SIDES E-Response									
User Maintenance	View Address History	L							
Assign and Maintain TPA									
	Role Information								
		Role	Method				Recipient		
	Benefit Charges Pro	test Submission	Electronic	ATTN PER	ATTN PERSONNEL, PO BOX 593 TALLAHASSEE, FL 32303				
	Benefit Charges View	w Only	Electronic	ATTN PER	ATTN PERSONNEL, PO BOX 593 TALLAHASSEE, FL 32303				
	File Appeals on Emp	oloyer's Behalf	Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303		
	Manage STC Plan		Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303		
	Respond to Fact Fin	ding Request	Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303		
	Respond to Notice o	f Claim Filed (UCB-412)	Electronic	ATTN PER	SONNEL,	PO BOX 593 T.	ALLAHASSEE, FL 32303		
	Respond to Request	t for Wage Information	Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303		
	View Non-monetary	Determinations	Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303		

#### **Correspondence Preference Link**

Selecting the Update Correspondence Preference hyperlink will display your Correspondence Preference, 'US Mail' or 'Electronic'.



Per the Employer Mandate, as of April 25, 2016 all employers are required to respond to Correspondence Electronically in CONNECT

Employer Information		
Employer Account Number: XXXXXXX	Employer Name: TOY TOWN OF TALLAHASSEE	FEIN: 59 XXXXXXX
Correspondence Preference		
Select the method by which you want to receive correspondence related to Reemployment Assistan	ce claims. If you select electronic, you must enter your email address.	
Correspondence Preference	OUS Mail	
Email	TOYTOWN@GMAIL.COM	
If you select 'Electronic', you will receive an email when new correspondence is posted to your inbox	x. You must log in to the system to view the correspondence.	
Previou	is Next	

Choosing US Mail still requires you to correspondence electronically and not via mail. It does however give you 7 days to respond to a questionnaire instead of the 48 hours that choosing electronic preference gives you.

Note: A response to the UCB-412 is still 20 days regardless of correspondence preference.

#### **Important Note**

When viewing the Address History, a notice will generate if correspondence has been returned to the agency. This will advise the Employer that all address changes must be completed through the Department of Revenue (DOR) by completing and submitting the Employer Account Change Form. You can access it here: <u>http://dor.myflorida.com/dor/forms/current/rts3.pdf</u>

Change Password Logoff								
Employer Home	Employer Informa	tion						
	Employer Account N	umber: XXXXXXXX		Employ	er Name:	TOY TOWN OF	TALLAHASSEE	FEIN: 59-XXXXXXX
				,		1011011101	IN LED WIN CODE	
View Employer Account Profile	Address Informati	ion						
Employer Inbox	Address Type	Address	Address2	City	State	Zip Code	Bad Addr Source DEO	Bad Addr Source DOR
Short Time Compensation	Legal	4852 N. MONROE STREET		TALLAHASSEE	FL		Ν	Ν
Address Information	Mailing	PO BOX 593		TALLAHASSEE	FL		Ν	Ν
Rear Charge Desired	Benefits	ATTN PERSONNEL, PO BOX 593		TALLAHASSEE	FL		Ν	Ν
Banefit Charge Protest								
Correspondence Search	Undate Corresponde	nce Preference						
Manage SIDES E-Response								
User Maintenance	View Address Histon	V						
Assign and Maintain TPA	You Are Require	d To Update Your Address Through The Depa	artment Of Rever	nue (DOR) <u>http:</u>	//dor.my	<u>/florida.com/c</u>	lor/forms/current/rts3.pdf.	The Department of
	Economic Oppo	rtunity (DEO) receives updates from the Dep	artment of Rever	ue weekly. For	question	is call the Emp	bloyer Call Center @ 1-800-35	2-3671.
	Role Information							
		Role	Method	1			Recipient	
	Benefit Charges Pro	test Submission	Electronic	ATTN PER	SONNEL,	PO BOX 593 T.	ALLAHASSEE, FL 32303	
	Benefit Charges Vie	w Only	Electronic	ATTN PER	SONNEL,	PO BOX 593 T.	ALLAHASSEE, FL 32303	
	File Appeals on Emp	ployer's Behalf	Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303	
	Manage STC Plan		Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303	
	Respond to Fact Fin	iding Request	Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303	
	Respond to Notice of	of Claim Filed (UCB-412)	Electronic	ATTN PER	SONNEL,	PO BOX 593 T	ALLAHASSEE, FL 32303	
	Respond to Reques	t for Wage Information	Electronic	ATTN PER	SONNEL,	, PO BOX 593 T	ALLAHASSEE, FL 32303	
	View Non-monetary	Determinations	Electronic	ATTN PER	SONNEL,	, PO BOX 593 T	ALLAHASSEE, FL 32303	

#### **Benefit Charge Protest**

If you have received an RT-1 or RT-29 and noticed a charge you disagree with, you can Protest the Benefit Charges by following the steps below:



An RT-1 is a Notice of Benefits Paid by Contributory Employers and an RT-29 is an Invoice sent to Reimbursable Employers. These documents are mailed directly from the Florida Department of Revenue (DOR) and DEO does not have access.

- 1. Select the 'Benefit Charge Protest' link from the left-hand
- 2. Select 'Benefit Charge Protest' to protest benefit charges.

Change Password Logoff	Change Password Logoff						
Employer Home	Employer Information						
	Employer Account Number: XXXXXXX Employer Name: TOY TOWN OF TALLAHASSEE FEIN:						
View Employer Account Profile	Benefit Charge Activities						
Employer Inbox	Protest Benefit Charges						
Short Time Compensation	information and reasons for protest.						
Address Information							
Benefit Charge Protest							
Correspondence Search							
Manage SIDES E-Response							
User Maintenance							
Assign and Maintain TPA							

#### **Benefit Charge Protest**

Protest Benefit Charge	
4 Statement Mail Date:	/ (mm/dd/yyyy) *
Claimant SSN:	· · *
Claimant Last Name:	*
Claimant's Last Day of Work:	
Reasons for Protest	
Select all reasons that apply:*	
Claimant Never Worked for Me	Workers Compensation
Discharge	Claimant is Self Employed
Part Time/On Call 5	Currently Employed (Comments Required)
Suspension	Reasonable Assurance to Return to Work (School Employees Only)
Voluntary Quit	Reduced Hours
Union	Received Other Pay (severance pay, pay in lieu of notice)
Predecessor/Succession Employment	Refusal of Work
Wages earned while working as a student at an educational institute	Vacation Pay/Holiday Pay with Recall Date
On a Leave of Absence	Other (Comments Required)
Please provide additional comments. Comments are required if you select "Currently Employed" or "Other"	6
7 Subr	nit

- 3. The Protest Benefit Charge screen will populate.
- 4. Enter the required information in the 'Protest Benefit Charge' section, including:
  - Statement Mail Date (UCB-412/Notice of Claim Filed) The date the document was mailed.
  - Claimant SSN Social is now redacted The employer will have to now look it up.
  - Claimant's Last Name
  - Claimant's Last Day of Work
- 5. In the 'Reasons for Protest' section, select the radio button next to the reason(s) for entering a protest to the UCB-412/Notice of Claim Filed you may select all reasons that apply.
- 6. If you selected 'Currently Employed' or 'Other' for your rationale, you must enter comments.
- 7. Select 'Submit' to complete the benefit charge protest.



Be sure to upload any supporting documentation before submitting the Benefit Charge Protest.

#### **Correspondence Search Hyperlink**

To search for any completed correspondence, click on the Correspondence Search Hyperlink and the Employer Correspondence page will display.

You can search from correspondence by entering data in any of the following:

- 1. Created on Date
- 2. Document ID
- 3. Social Security number
- 4. First and last name
- 5. Select Correspondence type by clicking on the down arrow on the Subject line and choosing a type.

Next, click on the Search button and all relevant correspondence will populate in the 'Search Results' section.

Change Bassword   Longf								
Employer Liene								
Employer Home	Employer Information							
	Employer Account Nu	Imber: XXXXXXXX			Employer Name:   C	I TOWN OF TALLAHASS	EE I	-EIN:
View Employer Account	The following informat	tion concerns your submission:						
Profile	Notices							
Employer Inbox	<ul> <li>Your search return</li> </ul>	rned more than 100 results. Only t	he first 100	results will be displaye	ed. Please select 'Reset' and refine	e the search criteria for specific re	esults.	
Short Time Compensation	Employer Corresp	ondence						_
Address Information	Employer corresp	ondenee		Create	d On Date: From:	(mm/dd/vvvv) To:	(mm/dd/vvvv)	
Repefit Charge Protest		-		Do	cument ID:			
Correspondence Search				Social Securit	ty Number:			
Manage SIDES E-Response				L	ast Name:			
User Maintenance				F	irst Name:			
Assign and Maintain TPA					Subject: Employer Notification		~	
					Reset Search			
	Search Results							
	Rows 1-10 of 100				<12345678910►			Page 1 of 10
	Document ID	Subject		Claimant SSN	Claimant Last Name	Claimant First Name	Created Date	Predecessor*
	<u>51598107</u>	Employer Action Item Notice					04/26/2016	
	<u>51629884</u>	Employer Action Item Notice					04/27/2016	
	<u>51662114</u>	Employer Action Item Notice					04/28/2016	
	<u>51693728</u>	Employer Action Item Notice					04/29/2016	

## **User Maintenance Hyperlink**

- Search users
- Update user information
- View roles
- Add or inactivate users

Change Password Logoff			
Employer Home	Employer Information Employer Account Number: XXXXXXX	Employer Name: TOY TOWN OF TALLAHASSEE	FEIN: 590324412
View Employer Account	User Search Criteria		
Fiolie		User ID:	
Employer Inbox		Last Name:	
Short Time Compensation		First Name:	
Address Information		Roles: Any	
Benefit Charge Protest		Search Reset New	
Correspondence Search			
Manage SIDES E-Response			
User Maintenance			
Assign and Maintain TPA			

## Search for or Update Employer Account Users

#### 1. Enter information into the 'User Search Criteria' fields

2. Click on the 'Search'

Change Password Logoff	Change Password   Logoff						
Employer Home	Employer Information						
	Employer Account Number: XXXXXXX	Employer Name: TOY TOW LAHASSEE FEIN:					
		1					
View Employer Account	User Search Criteria						
Profile		User ID: psaucier02					
Employer Inbox		Last Name: Saucier					
Short Time Compensation		First Name:					
Address Information		Roles: Any					
Benefit Charge Protest		Search Reset New					
Correspondence Search	2						
Manage SIDES E-Response							
User Maintenance							
Assign and Maintain TPA							

#### 3. The User Search Results field displays

User Search Criteria				
		User ID:		
		Last Name:		
		First Name:		
		Roles: Any V		
	3	Search Reset New		
User Search Results				
User ID	Last Name	First Name	Eff. Start	Eff. End
psaucier02	Saucier	Patrice	11/10/2016	

## Modify or Update Employer Account Users

#### 1. To modify user information, select the 'Modify'

Change Password Logoff				
Employer Home	Employer Information			
Employor Homo	Employer Information	XXXXXX	Employer Name: TALLAHASSEE TOX TOWN	FEIN: XX-XXXXXXX
View Employer Account Profile	<ul> <li>Employee ID: The Employed of the users account. The</li> </ul>	oyee ID is a numeric entry containing a maximum of 8 characters. The is information is requested for authentication purposes when the user i	Employee ID is an alternate "User" credential which is manually assigned/c ndicates they have forgotten their password.	reated by the administrator
Employer Inbox	Llear Dataile			
Short Time Compensation	User Details	User Type:	Employer	
Address Information		User ID:	tteam02	
Benefit Charge Protect		First Name:	Training	
Benefit entarge i Totest		Middle Initial: List Nama:	Team	
Correspondence Search		Telephone:	()	
Manage SIDES E-Response		eMail:	training.team@gmail.com	
User Maintenance		Employee ID:	23456	
Assign and Maintain TRA		Effective Start Date:	11/10/2016	
Assign and Maintain TPA		Effective End Date. Date user last Logged On:	1/30/2017 9·5/·01 AM	
		Incorrect Password Attempts:	0	
	1	Status:	Active	
	dify User Attributes			
	Modify	Update the basic information for this user.		
	Depart Department	View/Edit security roles for which this user is assigned.		
	Inactivate	Inactivate the user's access to the system		
	IIIIIIIII	indearate are assisted to all by storin.		
		Pro	evious	

2. User details page displays, edit information & add comments.

#### 3. Select the 'Save'

Employer Inbox	lleer Detaile	2		
Short Time Compensation	Oser Details	User Type	Employer	
Address Information		User ID:	tteam02	
Benefit Charge Protest		First Name:	Training	
Correspondence Search		Middle Initial:		
		Last Name:	Team	
Manage SIDES E-Response		l elephone:	()ext:	
User Maintenance		eMail:	training.team@gmail.com ×	
Assign and Maintain TPA		Employee ID:	23456	
		Effective Start Date: Effective End Date:	11/10/2016	
		Last Logged On:	1/30/2017 9:54:01 AM	
		Incorrect Password Attempts:	0	
		Status:	Active	
	Previous Comments			•
			^	
			× ·	
	<			
	New Comments			
		3	^	
			$\sim$	
1			Grand	
1		Save	Cancer	

#### FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY
#### **Reset Passwords for Employer Account Users**

#### 1. To reset a user's password, select 'Reset Password'

Change Dessword Logoff							
Change Password Logon							
Employer Home	Employer Information						
	Employer Account Number: XXXXXX	Employer Name: TALLAHASSEE TOY TOWN	FEIN: XX-XXXXXXX				
View Employer Account Profile	<ul> <li>Employee ID: The Employee ID is a numeric entry containing a maximum of 8 ch of the users account. This information is requested for authentication purposes w</li> </ul>	characters. The Employee ID is an alternate "User" credential which is manually a when the user indicates they have forgotten their password.	assigned/created by the administrator				
Employer Inbox							
Short Time Compensation	User Details						
		User Type: Employer					
Address Information		First Name: Training					
Benefit Charge Protest		Middle Initial:					
Correspondence Search		Last Name: Team					
Manage SIDES E Desponse		Telephone: ()					
Manage SIDES E-Response		Employee ID: 23456					
User Maintenance	Effecti	ctive Start Date: 11/10/2016					
Assign and Maintain TPA	Effec	ective End Date:					
	Date user la	last Logged On: 1/30/2017 9:54:01 AM					
	Incorrect Passw	sword Attempts: 0					
		Status. Active					
	Modify User Attributes						
	Modify Update the basic information for this user.						
	Roles View/Edit security roles for which this user is assigned.						
	Reset Password Reset the user's password by sending a "password rese	set" email.					
		Previous					

#### 2. Reset password screen displays. Select 'Confirm' and an email is sent to the user.

View Employer Account	Reset Password			
	By selecting "Confirm" you will reset the password for the following user: tteam02, training.team@deo.myflorida.com			
Employer indox				
Short Time Compensation	2 Confirm Cancel			
Address Information				
Benefit Charge Protest				
Correspondence Search				
Manage SIDES E-Response				
User Maintenance				
Assign and Maintain TPA				

#### **Create New User**

1	

#### To create a new user, select 'New'.

Change Password Logoff	Change Password Logoff					
Employer Home	Employer Information	୍ତChange Employe	∜Change Employer %Leave Employer			
	Employer Account Number: XXXXXXX	Employer Name: Serious Auto	FEIN:			
View Employer Account	User Search Criteria					
Employer Inbox		User ID:				
Short Time Compensation		First Name:				
Address Information		Roles: Any				
Benefit Charge Protest		Search Reset New				
Correspondence Search						
Manage SIDES E-Response						
User Maintenance						
Assign and Maintain TPA						

#### 2. User Details will display. Add information specific to the user.

Employer Information	%Char	୍ତChange Employer ତLeave Employer			
Employer Account Number XXXXXXX	Employer Name: Serious Auto	FEIN: XX-XXXXXX			
Employee ID: The Employee ID is a numeric entry containing a maximum of 8     users account. This information is requested for authentication purposes whe	3 characters. The Employee ID is an alternate "User" credentia In the user indicates they have forgotten their password.	al which is manually assigned/created by the administrator of the			
User Details					
	First Name: Lily				
	Middle Initial:				
	Last Name: Pine *				
	Telephone: ( 555)- 222-8888 ext:				
	eMail: lily.pine@gmail.com *				
	Employee ID: 95432	3			
	Effective Start Date: 01/30/2017				
	Effective End Date:				
	Save Cancel				

3. Note that the Employee ID should not be the EAN of the employer.

FLORIDA DEPARTMENT & ECONOMIC OPPORTUNITY

#### Add Roles for New User

#### 1. Select 'Save'.

Employer Information	
Employer Account Number: 0027810	Employer Name: Serious Auto FEIN:
Employee ID: The Employee ID is a numeric entry containing a maximum of 8 characters. The f     of the users account. This information is requested for authentication purposes when the user in	Employee ID is an alternate "User" credential which is manually assigned/created by the administrator dicates they have forgotten their password.
User Details	
First Name:	Lily
Middle Initial:	
Last Name:	Pine *
Telephone:	(555)-222 8888 ext:
eMail:	lily.pine@gmail.com
Employee ID:	95432 *
Effective Start Date:	01/30/2017 × *
Date:	
Save	Cancel

#### 2. The User Detail will display with the newly added employee. Select 'Roles'.

User Details		
	User Type:	Employer
	User ID:	lpine00
	First Name:	Lily
	Middle Initial:	
	Last Name:	Pine Z
	Telephone:	0
	eMail:	lily.pine@gmail.com
	Employee ID:	95432
	Effective Start Date:	01/30/2017
	Effective End Date:	
	Date user last Logged On:	1/1/0001 12:00:00 AM
	Incorrect Password Attempts:	0
	Status:	Active
Modify User Attributes		
Modify	Update the basic information for this user.	
Roles	View/Edit security roles for which this user is assigned.	
Reset Password	Reset the user's password by sending a "password reset" eMail.	
<u>Inactivate</u>	Inactivate the user's access to the system.	
	Pre	evious

#### FLORIDA DEPARTMENT & ECONOMIC OPPORTUNITY

#### Add Roles for New User

#### 3. Select 'Roles'.

User Details		
	User Type:	Employer
	User ID:	lpine00
	First Name:	Lily
	Middle Initial:	
	Last Name:	Pine
	Telephone:	0
	eMail:	lily.pine@gmail.com
	Employee ID:	95432
	Effective Start Date:	01/30/2017
	Effective End Date:	
	Date user last Logged On:	1/1/0001 12:00:00 AM
	Incorrect Password Attempts:	0
<u> </u>	Status:	Active
3 odify User Attributes		
lodify	Update the basic information for this user.	
Roles	View/Edit security roles for which this user is assigned.	
Reset Password	Reset the user's password by sending a "password reset" eMail.	
<u>Inactivate</u>	Inactivate the user's access to the system.	
	Pre	vious

#### 4. The Assigned Roles page will display.

User Information
User Type: Employer
User ID: Ipine00
Assigned Roles
Remove
Description: Employer - User
Unassigned Roles
Add
Description: Employer - Admin
Save

Please note: It is important to have more than one employee with the Employer – Admin role.

FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

# **Third Party Administrator Login**

\_

TPAs (Third Party Administrators) must register with Connect by clicking on the TPA Registration hyperlink and following the Registration steps or by contacting the Agency for help. Upon registration the TPA will establish a TPA ID number, a User ID, and a password so that they can log into CONNECT on behalf of an employer.

TPAs can access CONNECT by typing or copying the following link into a browser address bar: <u>https://connect.myflorida.com/Agent/Core/Login.ASPX</u>

TPA Registration	Florida Division of Reemployment Assistance Program: Third Party Administrator Account (TPA) Login				
	Welcome to CONNECT, Florida's Online Reemployment Assistance System				
	NOTE: Tablets, phones, and other mobile devices are not currently supported by CONNECT and may result in errors. Supported browsers are - Internet Explorer version 11, Chrome, Mozilla Firefox versions 16 or 17, or Apple Safari versions 4 or 5.				
	• Form 1099-G for calendar year 2016 will be mailed between January 15 and January 31, 2017. At this time, you now have the option to change your correspondence preference to "electronic" instead of "U.S. mail" in order to receive your 1099-G sooner. For more information please visit http://www.floridajobs.org				
	To access Third Party Admininstrator (TPA) account information, enter your User Name and Password. For purposes of authentication, using your Password is considered the same as using your signature.				
	User ID: * Password: *				
	Login Forgot Password				
	Your account will be locked after 3 attempts. If you are having problems logging in, enter your User ID and select the "Forgot Password" button to reset your password.				
	Helpful Resources Home				
	TPA Registration For Agents/TPA Only create a new account to obtain a Third Party Administrator (TPA) Identification number.				

#### FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

### **Third Party Administrator**

The TPA Home page displays the TPA Functions in CONNECT. The hyperlinks associated with these functions are:

- 1. TPA inbox View and Maintain documents requiring attention
- 2. User Maintenance- Assign or Update user access
- 3. Employer Search Search for employers for which the TPA has been assigned access
- 4. Correspondence Search for completed correspondence

Change Password Logoff					
TPA Home	Third Party Administrator				
View TPA Account Profile	TPA ID: 2018 TPA Name: Toy & Company				
TPA Inbox					
User Maintenance	Important Items Requiring Your Attention				
Employer Search	For additional employer resources, please click on the link below. You will be provided with information	n on how to change/modify your address, submit requests for Power of Attorney, report New Hires,			
Correspondence	http://www.floridajobs.org/job-seekers-community- services/reemployement-assistance-center/employe	IS I I I I I I I I I I I I I I I I I I			
Maintain TPA Address	The Elected Department of Economic Opportunity is coming to a situ poor you! If you would like to loar	n come useful information for your business, some to one of the Town Hall meetings			
	http://floridajobs.org/docs/default-source/employers/townhall_flyer_jan2017.pdf? sfvrsn=2	r some userur information for your business, come to one of the rown Hair meetings.			
	- TD 4 11				
	TPA Home				
	TPA Home	View TPA Account Profile			
	TPA Home	View Account Information			
	TPA Inbox	User Maintenance			
	View and maintain TPA Inbox.	Assign or Update user access to TPA Information.			
	Employer Search	Correspondence Search			
	Search for employers for which the TPA has been assigned account access.	Search for Correspondence.			
	Maintain TPA Address				
	view or update address types. Maintain phone numbers and e-mail addresses.				

#### FLORIDA DEPARTMENT & ECONOMIC OPPORTUNITY

# Click on the 'TPA inbox' hyperlink. The TPA inbox will open and display the Notice of Hearing items.

👍 🛐 CONNECT Work-Arounds (	🕲 Florida DEO  🖉 ALM 🌗 DOR SUNTAX 🗸	鷆 Calendars 👻 🎒 CONNECT	🔢 Timesheet 🔓 Google	G illustrations for powerpoi	🖁 Training 🔻 鷆 BRAND GUIDE 👻 🌗	Employer Links 🔻 퉬 Testing	g Enviornments 👻 — People Fir	st
TPA Home	Third Party Administrator							
View TPA Account Profile	TPA ID: 2018 TPA Name: Toy & Company SIDES Type: UI SIDES. BR000000015							
TPA Inbox				· - / - · - · · · · /		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	The following information concerns	s your submission:						
User Maintenance	Notices							
Employer Search	• Your search returned more th	an 100 results. Only the f	irst 100 results will t	be displayed. Please select	Reset' and refine the search	criteria for specific resul	ts.	
Correspondence								
Maintain TPA Address								
	Notice of Hearing							
	The Action Due Date below refers	to any hearing(s) schedu	led through the pres	ent date. To access Notice	of Hearing documents for pas	t hearing dates, search	through Correspondence	e Search.
	Rows 1-10 of 100			<pre>412345678</pre>	<u>9 10</u> ►			Page 1 of 10
	Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
	<u>58618700</u>	Notice of Hearing	XXX-XX-XXXX	Oak	Lakevia	01/30/2017	01/20/2017	
	<u>58589682</u>	Notice of Hearing	XXX-XX-XXXX	Pine	TANISHIA	01/30/2017	01/19/2017	
	<u>58585567</u>	Notice of Hearing	XXX-XX-XXXX	Elm	SCOTT	01/30/2017	01/19/2017	
	<u>58537798</u>	Notice of Hearing	XXX-XX-XXXX	Magnolia	Cheryl	01/30/2017	01/18/2017	
	<u>58589975</u>	Notice of Hearing	XXX-XX-XXXX	Coconut	JANEL	01/30/2017	01/19/2017	
	<u>58609438</u>	Notice of Hearing	XXX-XX-XXXX	Pecan	Tanika	01/30/2017	01/20/2017	
	<u>58615733</u>	Notice of Hearing	XXX-XX-XXXX	Laurel	Demetria	01/31/2017	01/20/2017	
	<u>58570675</u>	Notice of Hearing	XXX-XX-XXXX	Beech	irramir	01/31/2017	01/19/2017	
	<u>58600106</u>	Notice of Hearing	XXX-XX-XXXX	Sequoia	Latrese	01/31/2017	01/20/2017	
	<u>58576521</u>	Notice of Hearing	XXX-XX-XXXX	Birch	Stephanie	01/31/2017	01/19/2017	
	Rows 1-10 of 100			■12345678	<u>9 10</u> ►			Page 1 of 10
	TPA Inbox							
		NOTE:	Search criteria is	required. Please be as sp	ecific as possible when ent	ering search criteria.		
		EAN:	Select One V					
		Employer Legal Name:						
		Action Due Date:		(mm/dd/yyyy) To:				
		Created on Date:		(mm/dd/yyyy) To:				
	Claiman	t Social Security Number:			Claimai			
		Claimant Last Name:			Documer			
		Claimant First Name:			Original Empl	oyer:	~	
		Subject	Select One	Only	~			
	Drive Adverse Only							
	Keset Search							

#### **Search for TPA Action Items**

To view other action items, you will need to filter your search. You can filter by:

1.	EAN	2.	Employer Legal Name	3.	Action Due Date
4.	Created on Date	5.	Claimant SSN	6.	First & Last Name
7.	Claimant ID	8.	Document ID	9.	Subject

👍 📅 CONNECT Work-Arounds 🛛	🕲 Florida DEO 🔌 ALM 🎳 DOR SUNTAX 👻	🕌 Calendars 👻 🦉 CONNECT	🔃 Timesheet 🕒 Google	G illustrations for powerpoi	🐌 Training 👻 🌗 BRAND GUIDE 👻 🌗	🖥 Employer Links 👻 🌗 Testin	g Enviornments 👻 — People Fir	st		
TPA Home	Third Party Administrator						৬Change Age	nt %Leave Agent		
view TPA Account Profile	TPA ID: 2018 TPA Name: Toy & Company SIDES Type: UI SIDES, BR000000015									
TPA Inbox	The following information concerns	e your submission:								
Jser Maintenance	Notices	s your submission.								
Employer Search	Notices <ul> <li>Your search returned more than 100 results. Only the first 100 results will be displayed. Please select 'Reset' and refine the search criteria for specific results.</li> </ul>									
Correspondence										
Vaintain TPA Address										
	Notice of Hearing									
	The Action Due Date below refers	to any hearing(s) schedul	led through the pres	ent date. To access Notice	e of Hearing documents for pa	st hearing dates, search	through Correspondenc	e Search.		
	Rows 1-10 of 100			■12345678	3910►			Page 1 of 10		
	Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor		
	58618700	Notice of Hearing	XXX-XX-XXXX	Oak	Lakevia	01/30/2017	01/20/2017			
	58589682	Notice of Hearing	XXX-XX-XXXX	Pine	TANISHIA	01/30/2017	01/19/2017			
	58585567	Notice of Hearing	XXX-XX-XXXX	Elm	SCOTT	01/30/2017	01/19/2017			
	<u>58537798</u>	Notice of Hearing	XXX-XX-XXXX	Magnolia	Cheryl	01/30/2017	01/18/2017			
	<u>58589975</u>	Notice of Hearing	XXX-XX-XXXX	Coconut	JANEL	01/30/2017	01/19/2017			
	<u>58609438</u>	Notice of Hearing	XXX-XX-XXXX	Pecan	Tanika	01/30/2017	01/20/2017			
	<u>58615733</u>	Notice of Hearing	XXX-XX-XXXX	Laurel	Demetria	01/31/2017	01/20/2017			
	<u>58570675</u>	Notice of Hearing	XXX-XX-XXXX	Beech	irramir	01/31/2017	01/19/2017			
	<u>58600106</u>	Notice of Hearing	XXX-XX-XXXX	Sequoia	Latrese	01/31/2017	01/20/2017			
	<u>58576521</u>	Notice of Hearing	XXX-XX-XXXX	Birch	Stephanie	01/31/2017	01/19/2017			
	Rows 1-10 of 100			12345678	<u>3 9 10</u> ►			Page 1 of 10		
	TRA Inhox									
		NOTE: EAN	Select One	required. Please be as s	pecific as possible when en	tering search criteria.				
		Employer Legal Name:								
		Action Due Date:	From:	(mm/dd/yyyy) To:	(mm/dd/yyyy)					
		Created on Date:	From:	(mm/dd/yyyy) To:	(mm/dd/yyyy)					
	Claiman	t Social Security Number:			Claima	nt ID:				
		Claimant Last Name:			Docume	nt ID:				
		Claimant First Name:			Original Emp	loyer:	~			
		Subject:	Select One		~					
			Show Adverse	Only						
				Reset Se	arch					

Click on 'User Maintenance' hyperlink and the Third Party Administrator Roles/ User Search Criteria page displays. From this page you can:

- Search for an existing user by User ID and/ or First and Last Name and clicking on the 'Search' button or
- Create a new user by clicking on the 'New' button

Change Password Logoff	hange Password Logoff								
TPA Home	Third Party Administrator								
View TPA Account Profile	A ID: 95 TPA Name: Toy & Company								
TPA Inbox	User Search Criteria								
User Maintenance	User ID:								
Third Party Administrator	Last Name:								
Roles	First Name:								
Employer Search	Roles: Any V								
Correspondence									
Maintain TPA Address	Search Reset New								

The 'User Details' page displays. From this page you can:

- Modify Update the basic information for the User
- Roles View or Edit security roles for the user
- Reset Password Send a password reset email.
- Inactivate End the user's access to the system
- Employer Roles View/Edit roles that the user is assigned to for an employer

Change Password Logoff								
TPA Home	Third Party Administrator							
View TPA Account Profile	TPA ID: 29 TPA Name: Toys of Tallahassee							
TPA Inbox User Maintenance	• Employee ID: The Employee ID is a numeric entry containing a maximum of 8 characters. The Employee ID is an alternate "User" credential which is manually assigned/created by the administrator of the users account. This information is requested for authentication purposes when the user indicates they have forgotten their password.							
<ul> <li>Third Party Administrator Roles</li> </ul>	User Details							
Employer Search	User Type: Agent							
Correspondence	First Name: Thomas							
Maintain TPA Address	Middle Initial: Last Name: TOY							
	eMail: Thomas.Toy@gmail.com							
	Employee ID. 450/8 Effective Start Date: 11/10/2016							
	Effective End Date:							
	Date user last Logged On: 2/21/2017 10:46:06 AM							
	Incorrect Password Attempts: 0							
	Status. Active							
	Modify User Attributes							
	Modify Update the basic information for this user.							
	Roles View/Edit security roles for which this user is assigned.							
	Reset Password Reset the user's password by sending a "password reset" eMail.							
	Employer Roles View/Edit the roles actors to the system.							
	Previous							

#### FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

The Employer Roles Hyperlink is specific to the TPA User Maintenance and allows the Administrator to assign employer and role access to a user. It is important to note when creating a new TPA User not to only add User roles but to add Employer and Employer Roles to the user.

Click on the Employer Roles Hyperlink

Change Password Logoff							
TPA Home	Third Party Administrator						
View TPA Account Profile	PA ID: 29 TPA Name: Toys of Tallahassee						
TPA Inbox User Maintenance	• Employee ID: The Employee ID is a numeric entry containing a maximum of 8 characters. The Employee ID is an alternate "User" credential which is manually assigned/created by the administrator of the users account. This information is requested for authentication purposes when the user indicates they have forgotten their password.						
Third Party Administrator Roles	User Details						
Employer Search	User Type: Agent User ID: ttoy0002						
Correspondence	First Name: Thomas						
Maintain TPA Address	Middle Initial: Last Name: TOY Telephone: () eMail: Thomas.Toy@gmail.com Employee ID: 45678 Effective Start Date: 11/10/2016 Effective End Date: Date user last Logged On: 2/21/2017 10:46:06 AM Incorrect Password Attempts: 0 Status: Active						
C	Modify User Attributes         Modify       Update the basic information for this user.         Roles       View/Edit security roles for which this user is assigned.         Reset Password       Reset the user's password by sending a "password reset" eMail.         Inactivate       Inactivate the user's access to the system.         Employer Roles       View/Edit the roles that this user is assigned to for an employer.						

The Employer Roles Hyperlink page displays with the following:

- 1. User information of the selected User.
- 2. Employer Search Section
- 3. Assign All Employers Section
- 4. Employer Search Results Section

Change Password Logoff								1			
TPA Home	Third Party Adm	inistrator									
View TPA Account Profile	TPA ID: 21 TPA Name: Thomas & Company										
TPA Inbox	The following inform	nation concerns your submission:									
User Maintenance	Notices	Votices									
<ul> <li>Third Party Administrator Roles</li> </ul>	<ul> <li>Your search re</li> </ul>	Your search returned more than 100 results. Only the first 100 results will be displayed. Please select 'Reset' and refine the search criteria for specific results.									
Employer Search	User Information	1									
Correspondence			Type:	Agent							
Maintain TPA Address			Name:	Thomas Toy							
	Employer Searc	h									
			Employer Name:								
			Employer Account Number:								
			FEIN:	All.							
			Assigned:	All V	```						
			Search	Reset							
	Assign All Empl	overs									
			Assign all roles for all employers:				All				
							Benefit Charges Protest Submission				
			Sa	ve			Benefit Charges View Only				
	Employer Searc	h Results					Respond to Eact Finding Request				
	Rows 1-10 of 100		■123450	<u>678910</u> ►			Respond to Notice of Claim Filed (UC)	B_/11			
	Assigned	Emp	loyer Name	FEIN	EAN		View Nen monotony Determinetions	D-41			
		Toys of Tampa				File Ap	File Appeals on Employer's Determinations				
		Toys of Ft. Lauderdale				Benefit	File Appeals on Employer's Benair				
		Toys of Orlando				Benefit	Respond to Request for Wage Informa	ation			
		Toys of Panama City				VIEW N	Manage STC Plans				
						Denetit					

#### FLORIDA DEPARTMENT & ECONOMIC OPPORTUNITY

1.To add a specific employer to the chosen user, you can search by:

- a. Employer Name or
- b. Employer Account Number or
- c. FEIN

After entering specific search criteria then select the drop down arrow next to Role and select the roles you want the user to have.

2. To add all employers to the user, click on the box next to Assign all roles for all employers.

Change Password Logoff										
TPA Home	Third Party Adr	ninistrator								
View TPA Account Profile	TPA ID: 21		TPA Name: Thomas & Co	npany						
TPA Inbox	The following infor	mation concerns your submission:								
User Maintenance Notices										
<ul> <li>Third Party Administrator Roles</li> </ul>	Your search returned more than 100 results. Only the first 100 results will be displayed. Please select 'Reset' and refine the search criteria for specific results.									
Employer Search	User Informatio	n								
Correspondence			Typ User II	e: Agent D: ttov0002						
Maintain TPA Address			Nam	E: Thomas Toy						
	Employer Searc	h								
			Employer Nam	e:						
			Employer Account Number	r:						
			_							
	Assign All Emp	loyers					ΔΙΙ			
	Assign all roles for all employers:						Report Charges Distant Submission			
				Denenit Charges Protest Submission						
							Benefit Charges View Only			
	Employer Searc	h Results					Respond to Fact Finding Request			
	Rows 1-10 of 100	)	◄ 1 <u>2 3 4</u>	<u>5678910</u> ►			Respond to Notice of Claim Filed (UCB-4	412)		
Assigned Employer Name FEIN EAN View Non-mo						View Non-monetary Determinations				
						File Appeals on Employer's Behalf				
	H	Toys of Ft. Lauderdale				B	Deepend to Dequest for Wage Informatic			
		Toys of Urlando				Vi	Respond to Request for waye informatio			
		Toys of Panalia City				Br	Manage STC Plans			
						1.00				

After clicking on the Employer Search Hyperlink, the Employer Search displays and the TPA can search for a single employer or all employers.

Change Password Logoff						
TPA Home View TPA Account Profile	Third Party Administrator TPA ID:2016	TPA Name: Madison & Co	npany	SIDES T	%Change A ype: UI SIDES, BR00000	lgent %Leave Agent )015
TPA Inbox User Maintenance Employer Search Correspondence	Employer Search	Employer Name EAN FEIN Role				
Maintain TPA Address	George Desulte	Search	Reset			
<ul> <li>Claimant: 572085</li> <li>Claimant: 694674</li> </ul>	Rows 1-1033 of 10324	1111111 <b>1234</b>	<u>678910</u>	〕► 	And in the David Date	Page 1 of 10
<ul> <li>Employer: 2458812</li> <li>Claimant: 2424197</li> <li>Claimant: 1803101</li> <li>Claimant: 4668794</li> <li>Claimant: 4829281</li> <li>Claimant: 1170955</li> </ul>	Employer Name CENTURY OF CARS DAVID'S POOL SUPPLY ELF MECHANICS FRANKIE'S BOWLING ALLY TOM'S CURB STORE HOUSE OF SANDWICH	FEIN           XXXXXXXXXX           XXXXXXXXXX           XXXXXXXXXX           XXXXXXXXXX           XXXXXXXXXX           XXXXXXXXXXX           XXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EAN 1111111 1111111 1111111 1111111 111111	Role Benefit Charges View Only Respond to Fact Finding Request Respond to Fact Finding Request Benefit Charges View Only Respond to Fact Finding Request Respond to Notice of Claim Filed (UCB-412) Respond to Request for Wage Information Manage STC Plans Benefit Charges Protest Submission View Non-monetary Determinations	Services Begin Date           10/25/2013           10/25/2013           10/25/2013           10/24/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013           10/25/2013	

### **View the Employer Roles**

The search results will populate with employers that match the search fields entered. Next to the employer name, you will see the Role(s) that the employer assigned to the TPA. Select an employer from the search results by clicking on the Employer Name hyperlink.

Change Password Logoff								
TPA Home	Third Party Administrator						%Change A	gent ∜Leave Agent
View TPA Account Profile	TPA ID: 2016	TPA Name:	Madison & Co	mpany		SIDES T	ype: UI SIDES, BR00000	015
TPA Inbox	Employer Search							
User Maintenance			Emplover Name	:				
Employer Search			EAN	:				
Correspondence			FEIN	:				
Maintain TPA Address			Role	: All	v			
			Search	Res	et			
Last Searches:								
• Employer: 3071487	Search Results	1111	111					
Claimant: 572085	Rows 1-1033 of 10324	1111.	▲1 <u>234</u>	<u>5678</u>	10 •			Page 1 of 10
Claimant: 694674		mployer Name	FEIN	EAN	Role		Services Begin Date	Services End Date
• Employer: 2458812	CENTURY OF CARS		XXXXXXXXX	11111	1 Benefit Charges View Only		10/25/2013	
<ul> <li>Claimant: 2424197</li> </ul>					Respond to Fact Finding Requ	est	10/25/2013	
<ul> <li>Claimant: 1803101</li> </ul>	DAVID'S POOL SUPPLY		XXXXXXXXXX	11111	1 Respond to Fact Finding Requ	est	10/25/2013	
Claimant: 4669704	ELF MACHANICS		XXXXXXXXXX	11111	.1 Benefit Charges View Only		10/24/2013	
Cidimani, 4000794					Respond to Fact Finding Requ	est	10/24/2013	
<ul> <li>Claimant: 4829281</li> </ul>	FRANKIE'S BOWLING ALLY		XXXXXXXXXX	111111	1 Respond to Notice of Claim Fil	ed (UCB-412)	10/25/2013	
<ul> <li>Claimant: 1170955</li> </ul>					Respond to Request for Wage	Information	10/25/2013	
	TOM'S CURB STORE		ХХХХХХХХ	11111	1 Manage STC Plans		10/25/2013	
Select Link for Role Defin	nitions <sup>®</sup>		000000000		D Benetil Charges Protest Subm View Non-monolary Determine	lesion fions	10/23/2013 10/23/2013	

For Role Definitions describing what each role allows, select the 'Role Definitions' hyperlink in the lower left-hand corner of the screen.

### View the Employer Information Screen

The Employer Information page will display. This page contains:

- 1. Address Information
- 2. Benefit Charge Protest
- 3. Correspondence Search

Change Password Logoff			
Employer Home	Third Party Administrator TPA ID: 2018	TPA Name: Toy & Company	
View Employer Account	Employer Information	∜Change Employer	r %Leave Employer
Short Time Compensation	Employer Account Number: XXXXXX	Employer Name: Century of Cars	FEIN: XX-XXXXXXX
Address Information Benefit Charge Protest Correspondence Search	Important Items Requiring Your Attention For additional employer resources, please click on th access Florida Statutes, Employ Florida Marketplace http://www.floridajobs.org/job-seekers-community-see Employer Home Employer Home Employer Home	the link below. You will be provided with information on how to change/modify your address, submit req e, and other employer/TPA resources. ervices/reemployment-assistance-center/employers	uests for Power of Attorney, report New Hires,
	View Employer Account Profile View Account Information Address Information View addresses and phone numbers. Maintain emai preference. Correspondence Search Search for Correspondence	<u>Short Time Compensation</u> Click here to Add, Modify, View, or Request Benef <u>Benefit Charge Protest</u> il address and update correspondence Protest benefits charged against your account	fits for a Short Time Compensation (STC) Plan.

# Chargeability

Base period Employers can potentially be charged for Reemployment Assistance paid to employees based on the following categories:

- **Contributory Employers** are charged a reemployment assistance tax rate based on their experience rating
  - The experience rating can go up or down depending on the amount of benefits paid to an employee
  - To be eligible for non-charging a Contributory employer must respond to a notice of claim filed within 20 days and meet other requirements
- **Reimbursable Employers** (Non-Profit, State and Local Government) are charged on a dollar-for-dollar basis.

### Notice of Claim Filed (UCB-412)

#### Paper version of 412 – Top Section

	NOTICE OF UNEMPLOYMENT COMPENSATION CLAIM FILED *** Respond to this form by 03/31/2016***								
***You ca	***You can respond online at our website: https://employers.connect.myflorida.com ***								
Claimant Name: Social Security #: Effective Date of Claim: Max Benefit Amount: Weekly Benefit Amount:	03/06/2016 3204 267	Employer Number: % Chargeable: Date Mailed/Posted: Response Due Date: Base Period:	100% 03/08/2016 03/31/2016 10/01/2014 - 09/30/2015						
Claimant ID:		BarCode :	50271967						
eligibility. A. Did this Claimant wo If no, provide any ad <u>The claimant has provide</u> and return immediately.	As a reimbursable employer you cannot be relieved of charges. Your response is needed to determine this Claimant's eligibility.  A. Did this Claimant work for you?  Yes No If no, provide any additional information in the 'Remarks' section below. Also provide your Contact information.  The claimant has provided the information in sections B, C, and D. Please make any necessary corrections below								
B. Period of Employme	ent: 09/27/2014 to 01/19/2016	If incorrect, enter corre	ect dates: to						
C. Earnings:	\$15,000.00	If incorrect, enter correct	et earnings: \$						
D. Reason for Separation	D. Reason for Separation: <u>Quit/Voluntary Layoff</u> If Incorrect: Discharge / Fired Voluntary Quit Permanent Layoff Temporary Layoff* Leave of Absence* Suspension* Reduction of Hours Not separated, still working full time								
Disch	Discharge/Probationary Period (90 days or less) Other (Add Remarks Below)								
*Enter F	Recall Date (If Known)								

#### Notice of Claim Filed (UCB-412)

# Electronic Version of the UCB-412 – Initial Request for information to the TPA/ Employer from the Agency.

#### **Top Section**

	Employer Information	৩Cnange Employer ৬Leave Employer							
	Employer Account Number: 5678910	Employer Name:PARTY VENTURES INC FEIN:							
	Determination Nation of Unomployment Companyation Filed								
	Provide all information that is applicable to:								
	Document ID Claimant	Social Security #	Claimant ID	Effective Date of Claim	Respor	nse Due Date			
	54955435 Jay T. Thornton	XXX-XX-XXXX	2429566	08/21/2016	09/19/2	016			
	Date Distributed Weekly Benefit Amount	Maximum Benefit Amount	% Chargeable	Base Period Begin Date	Base P	eriod End Date			
	Employer Account Number Employer Name	U	0	04/01/2015	03/31/2	016			
	5678910 PARTY VENTURES INC								
	Response								
	A. Did this claimant work for you?	⊖Yes ⊖No*							
Λ	If no, provide any additional information in the 'Remarks' section bel	ow. Also provide your Contact information.							
	<u>The claimant has p</u>	rovided the information in section B,C, and Proceed to section F if all inform	nd D. Make any neces mation is correct	sary corrections below.					
	B. Period of Employment	7/14/2016 to 8/24/2016 If incorrect, enter of	correct dates: / /	(mm/dd/yyyy) to	(mm/dd/yy	/уу)			
21	C. Earnings	200 If incorrect, enter correct earnings: \$		$\square$					
~	D. Reason for Separation :	Hours Reduced by Employer							
~		If incorrect:							
		O Discharge/Fired O Discharge/Probation	ary Period (90 days OI	Not separated, still working	○Leave of Absence	Other (Add Remarks Relow)			
		OPermanent OReduction of Hours	0	Suspension*	<ul> <li>Temporary</li> </ul>	O Voluntary Quit			
		Layoff		l	Layoff*				
		*Enter Recall Date (if Known)	(mm/dd/yyyy)						
		Provide details regarding the reason and/or	final incident for the clai	mant's separation under 'Rer	mark' below				
	E. Did the claimant receive any of the following payments after employment ended?	⊖Yes⊖No		·					
		Severance/ Goodwill Pay Amount. Start Date : / / / (mm/dd/yyyy) End Date : / / (mm/dd/yyyy)							
		Wages In Lieu Of Notice Amount:	Start Date : /	/ (mm/dd/yyyy) End	Date ://	(mm/dd/yyyy)			
	If Yes, indicate which types(s):	Retirement / Disability Pay Amount:\$	Start Date :	//(mm/dd/yyyy) <sub>E</sub>	nd Date : ////	(mm/dd/yyyy)			
		*Holiday / Vacation Pay*Amount:	Start Date :	(mm/dd/yyyy) End	Date ://	(mm/dd/yyyy)			

#### FLORIDA DEPARTMENT & ECONOMIC OPPORTUNITY

### Notice of Claim Filed (UCB-412)

#### Bottom section of UCB-412

Upload File	
Upload Attachments - Include any attachments you feel will help us m side of this form if more space is needed. If you have an attachment to types cannot be larger than 1 MB.	nake a determination on this claim, including other reasons for discharge and reason for suspension or leave of absence. Use the reverse upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB. If your attachment is a xls or xlsx file, these
No Records Found	
Browse Add Remove	
Section 443.071 of the Florida Unemployment Compensation L	aw provides penalties for making false statements or failing to disclose material facts to prevent or reduce payment of benefits to otherwise entitled individuals.
contact Person Information :	
Contact Name: Job Title: Phone Number () Ext Job Site Address (if different than mailing address)	Email Address
Address Line 1:	
Address Line 2:	
City:	
State: s	Select One
Zip Code:	
	Previous Submit

- Employer must enter the dates of employment, earnings and reason for separation
- Information entered to the UCB-412 should be as accurate as possible
- CONNECT will be able to read electronic responses and automatically update the claim
- Employers response to the is due in 20 days to be counted as timely.

### **Employer Questionnaire**

Questionnaires are that are sent to Employers contain questions specific to the reason the **Claimant states** was the reason for the separation.

Discharged - 90 Day Probation Freeform - Employer Questionnaire	
The following information is needed to determine seligibility for reemployment benefits. If a particula of the questionnaire to add additional relevant information. In order to protect your rights, you are required to complete and sub account at https://employers.connect.myflorida.com to respond to this fact finding through your Employer inbox. Failure to resp available information.	rr question does not apply, you may answer accordingly. There is room at the bottom omit this questionnaire no later than 1/24/2017. You may also log into your Employer ond by the specified deadline will result in a determination being issued with the
Claimant Information	
Claimant Name: Lily Pine Claimant SSN: ***-*2-9174 Employer Account Number (FAN): 1597688	
Employer Account Number (EAR): Serious Auto Address: 205 5th Street	
Tallahassee, FL 3 Employment Start Date: 10/16/2013	32307
Employment End Date: 2/12/2014 Work Schedule: Part Time Claimant Job Title:	
Was the reason for separation due to the lack of work?	○ Yes ○ No*
Date the claimant was discharged:	*
Was the claimant discharged due to his/her inability to meet performance standards for reasons not invloving misconduct or violation of company rules or policy? No protest.	⊖ Yes ⊖ No*
Was the claimant discharged within first 90 days of an established 90 day probationary period? No protest.	⊖Yes ⊖No*
Section 1	
include a brief description of the claimant's job duties.	
*	
×	
Who discharged the claimant? Name(s)/Title(s):	
*	
What was the primary reason for the claimant's discharge?	
what was the printary reason for the Gaintant's discharge?	
*	
×	
What was the final incident leading to the claimant's discharge?	
*	

# **Employer Action Item Notice**

This notice was created to inform employers that there is an item in their inbox that requires their attention.

Important correspondence is waiting for you on the Florida Connect Reemployment Assistance website. It is your responsibility to respond to a request for information or take action as indicated in the correspondence in a timely manner. The Action Due Date will be displayed next to the correspondence shown in your Inbox.

This letter is in reference to important items in your inbox that require your attention. You may retrieve these documents online at <a href="https://employers.connect.myflorida.com">https://employers.connect.myflorida.com</a>. If you choose to respond, a response may be submitted online at <a href="https://employers.connect.myflorida.com">https://employers.connect.myflorida.com</a> by the Action Due Date listed in your inbox. Failure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.

To view the correspondence:

- Log into your online account at: <u>https://employers.connect.myflorida.com</u>.
- Select Inbox from your Home screen.
- From the list of correspondence, select the 'Item' (number) for the correspondence you wish to view.
- Use the Search option to locate a specific type of correspondence or correspondence issued during a specific period of time.

# **Employer Action Item Notice from Inbox**

The Employer Action item notice can be found in the employer inbox by selecting Employer Notification in the Subject line. The items will display under the Subject line as 'Employer Notice'.

Employer Inbox									
		NOTE:	Search criteria is required	I. Please be as s	pecific as possible w	hen entering sear	rch criteria.		
		Action Due Date:	From: / / (mm/c	dd/yyyy) To:	/ (mm/dd/yyy	y)			
		Created on Date:	From: / / (mm/c	dd/yyyy) To:	/ (mm/dd/yyy	y)			
	Clain	nant Social Security Number:				Claimant ID:			
		Claimant Last Name:				Document ID:			
		Claimant First Name:			Orig	nal Employer:		~	
		Subject:	Employer Notification		~				
To locate docume	To locate documents no longer available in your inbox, click on the 'Correspondence Search' hyperlink.								
documents to Corre	s to your Corr spondence S	respondence Search, select th Search applies to all document	e checkboxes in the Move to s, except Notice of Hearing.	o Correspondence	e Search' column and c	lick the 'Send to Co	prrespondence Search'	outton. The ability to	move
Failure to respond even if such paym Search Results	l by the spe ents are late	cified deadline will result in er determined to be erroned	a determination being issuus.	ued with the ava	ilable information. Als	so, your account	could be charged for I	benefits paid to th	e claimant
Select All	Select All								
Move To Correspondence Search	<u>ltem</u>	Employer Name	<u>Subject</u>	Claimant SSN	<u>Claimant Last</u> <u>Name</u>	<u>Claimant Firs</u> <u>Name</u>	t <u>Action Due</u> <u>Date</u>	Created on Date	Predecessor*
	<u>56792770</u>	Serious Auto	Employer Notice					11/09/2016	
	<u>54772837</u>	Serious Auto	Employer Notice					08/22/2016	
	<u>54734483</u>	Serious Auto	Employer Notice					08/18/2016	
	<u>54349931</u>	Serious Auto	Employer Notice					08/05/2016	
	<u>54075264</u>	Serious Auto	Employer Notice					07/27/2016	

# **Employer Action Item Notice**

The bottom section of the notice contains details about the items that need your attention.

CLAIMS REQUIRING YOUR RESPONSE							
NAME OF DOCUMENT	DOCUMENT ID	CLAIMANT NAME	LAST 5 of SSN				
Claim Filed Notice (UCB-412);	52314730	THOMAS	***-*4-9353				
Non-Monetary Determination - Claimant & Employer (Includes Amended Version);	52330461	JOSE	***-*6-4315				
Non-Monetary Determination - Claimant & Employer (Includes Amended Version);	52331699	NIXON	***-*4-7614				
Non-Monetary Determination - Claimant & Employer (Includes Amended Version);	52331707	Quely	***-*2-4150				

### **TPA Action Item Notice**

The bottom section of the notice contains details about the items that need your attention.

Notice that the TPA Action Item Notice contains the Employer Name and EAN.

	CLAIMS REQUIRING YOUR RESPONSE				
NAME OF DOCUMENT	DOCUMENT ID	CLAIMANT NAME	LAST 5 OF SSN	EMPLOYER NAME	EAN
UCB 412 SIDES MON	59279977	Mary Prairie	***-*3-1582	Looper's Lounge	44730
UCB 412 SIDES MON	59280604	WAYNE PAYNE	***-*8-0181	Looper's Lounge	44730
UCB 412 SIDES MON	59289296	Harry Perry	***-*4-1431	Looper's Lounge	44730
UCB 412 SIDES MON	59276138	Park Clark	***-*3-3552	TOY TOWN	55370

#### Weekly-Earnings Wage Verification (UCO-2)

Earnings - Week	ly wage verification - Employ	er Questionnaire			
		FLORIDA DEPA	RTMENT OF ECONOMIC	DPPORTUNITY ROL	
		W	AGE CREDIT POST AUDI P.O. Box 5150	r	
		TA	LLAHASSEE, FL 32314-51	50	
Claiment Name M		CLAIMA	NT WAGE CREDIT POST	AUDIT	
Audited Quarter: 2	015 - 4	WBA: 89		SSN:"	**-*0-1538
Employer Account	<b>t#:</b> 2458812			BYE:1	0/3/2016
Florida Statute 409. directory within 20 c	2576 and the Personal Opports fays of their hire date. Florida e	inity and Work Opportunity Reconciliatio mployers can obtain new hire reporting i	n act of 1996, 42 U.S.C. 65 nformation at www.FL-New	3A, requires all employers to repo Hire com.	rt newly hired and re-hired employees to a state
As part of our contin above is being cond	huing effort to ensure the integr fucted. The individual claimed to	ity of the Reemployment Assistance Pro	gram and protect employers tax and wage report indicat	tax rates, a routine audit of the F the wares were earned by this	Reemployment Assistance claim filed by the claimant
at some point in the	quarter indicated above. Pleas	e record wage information carefully beci	ause it may be used in legal	action.	
○ Yes ○ No*	work for you? (if no, you do not	need to complete the remaining questo	ns on this ionn).		
2. Did the claimant of Yes No	earn wages during the period lit	sted in section 5? (If no, you do not need	to complete the remaining	questions on this form).	
3. Are the wages re	ported in section 5, which were	reported by the claimant correct? (If yes	, you do not need to comple	ete the remaining questions on thi	s form).
4. Comments					
5.	Calendar Week Ending	Benefits Pai	d Clai	mant's Reported Earnings	Gross Wages Earned During the Week
	10/3/2015	\$0		\$0 60	
	10/10/2015	50		50	
	10/24/2015	880		50	
	10/31/2015	\$89		\$0	
	11/7/2015	\$89		\$0	
	11/14/2015	\$0		\$314	
	11/21/2015	\$0		\$0	
	11/28/2015	\$0		\$0	
	12/5/2015	\$0		\$0	
	12/12/2015	\$0		so	
	12/19/2015	\$0		50	
6 Employment ctar	12/20/2015	209		50	
7 Employment end	date: (if applicable)				
8. What was the cla	imant's work schedule?			L	
O Full-Time O Part-	Time				
9. What is/was the o	claimant's rate of pay?				
10. At the time of se	ex ob-weekly of noninity eparation, was the claimant give	en separation pay?			⊖ Yes ⊖ No
10a. If yes, indicate	the type of separation paymen	t, the total gross(before deductions) amo	unt given, and the period it	covered:	0.11011
Severance pay		From	10		
Vages in lieu of	nouce	From	TO:	Bog	all dato (if applicable):
Delaved commis	sions	From	To		an date (ii applicable).
Bonuses		From	To		
Supplemental (er	rror adjustment)	From	To:		
Other:		Explain:			ware we we
10b. The claimant w	vas notified on		that	would be the last of	tay of employment.
10c. Specify the bas	sis for payment(policy, union, c	ontract, length of service, etc)			
Lump Sum	/ being issued?				
O Regular pay sche	edule (weekly, bi-weekly, month	nly, etc)			
Other (explain be	alow)				
10e What calculatio	n was used to determine the ar	mount of the separation pay, severance	pay, transition pay, pay in lie	eu of notice and/or	
continuation pay? (I	Ex. One week for each year of :	service).			
Section 2 Is there any addition	nal documentation that you wou	id like to send?			O Yes O No
Please describe the	documents.				0.105.0110
	C				
If additional informa	tion is needed, who should we	contact?			
Contact person's tel	lephone number				
(	Н	Н			
Name and title of th	e person completing this reque	st			
	0				
Telephone number	of the person completing this re	equest			
9	н				
I certify that the	above information is true an	d correct.*	Dat		
Title			Sigr	nature	
			100 0 0 0 0		
Lipload Attacker	YOUR ASSISTANCE. PLEASE	RETURN THIS INFORMATION WITHIN	N 30 DAYS		
If you have an attac	hment to upload then choose to	he file by selecting the 'Browse' button F	ile cannot be larger than 10	MB. If your attachment is a xis or	xisx file, these types cannot be larger than 1 MB
No attachments			and the second get that the		,
	Browse Add Rem	love			
				and the second	
		Skip	Previous Save S	abmit	

FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

# Weekly-Earnings Wage Verification (UCO-2)

What is the "Weekly-Earnings Wage Verification (UCO-2)?" It's a request for a breakdown of earnings, in an effort to detect an overpayment of reemployment assistance benefits. Once a quarter, reported earnings in a specific quarter are cross-matched against benefits paid in that same quarter. Only employers who have reported New Hire information in the quarter being examined are excluded from the cross match. The UCO-2 is generated and distributed to the employer when a potential conflict is detected. The documents returned by the employer are received and worked in the CONNECT system by Audit staff.

Examples of conflict:

- Claimant reported wages which reduced his/her weekly benefit amount, but the employer's records indicate that he/she did not report the wages correctly – may have been over or under reported;
- Claimant did not report any wages but the employer's records show earnings;
- Claimant was paid wages in lieu of notice or other disqualifying pay.

Response Period:

 Employers have 30 days to complete and submit the UCO-2. The sooner the employer responses are received by Reemployment Assistance, the greater the likelihood that valid overpayments are identified and employers are <u>non-charged</u>.

### Why is it Beneficial for you to Respond?



#### Example 2 for employer XYZ Corporation: 100% response rate



LOST Non-charges Due to Low (10%) Response Rate: \$ 112,500

#### From Employer Home select 'Employer Inbox'



# Filter Subject by 'Weekly-Earnings Wage Verification' and select 'Search'

Employer Inbox					
NOTE: S	earch criteria is required. Please be as specific as possible when entering search criteria.				
Action Due Date: Fi	rom: / / (mm/dd/yyyy) To: / (mm/dd/yyyy)				
Created on Date: Fi	rom:/ / (mm/dd/yyyy) To:/ (mm/dd/yyyy)				
Claimant Social Security Number:	Claimant ID:				
Claimant Last Name:	Document ID:				
Claimant First Name:	Original Employer:				
Subject: v	Neekly-Earnings Wage Verification (UCO-2)				
Reset Search					
To locate documents no longer available in your inbox, click on the 'Correspondence Search' hyperlink.					
To move documents to your Correspondence Search, select the checkboxes in the 'Move to Correspondence Search' column and click the 'Send to Correspondence Search' button. The ability to move documents to Correspondence Search applies to all documents, except Notice of Hearing.					
Failure to respond by the specified deadline will result in a even if such payments are later determined to be erroneou	allure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.				

If searching for a specific UCO-2, search by Claimant/Document ID, Claimant First/Last Name or Claimant Social Security Number and filter by Subject

#### Click the Item Hyperlink next to the Employer Name and Subject 'Earnings-Weekly wage verification'

Search Results								
Rows 1-25 of 94 Select All				<1 <u>234</u> ►				
Move To Correspondence Search	<u>ltem</u>	Engroyer Name	Subject	<u>Claimant</u> <u>SSN</u>	<u>Claimant Last</u> <u>Name</u>	<u>Claimant First</u> <u>Name</u>	Action Due Date	<u>Created on</u> <u>Date</u>
	<u>57648402</u>	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		HANDO	VICTOR	01/18/2017	12/19/2016
	<u>57648827</u>	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		SORG	MELISSA	01/18/2017	12/19/2016
	<u>57650546</u>	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		CUNNINGHAM	MARY	01/18/2017	12/19/2016
	<u>57655322</u>	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		HAGEN	JOAN	01/18/2017	12/19/2016
	<u>57658368</u>	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		VARNER	CYNTHIA	01/18/2017	12/19/2016
	<u>57658936</u>	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		NORRIS	AUDREY	01/18/2017	12/19/2016
Π	57660829	THE NIELSEN COMPANY	Earnings - Weekly wage		PAGNOTTA	MURIEL	01/18/2017	12/19/2016

1. Did the claimant work for you? (If no, y	you do not need to comple	te the remaining questions on this	form).	
• Yes O No*	a pariod listed in castion F	2 (If no you do not need to comple	to the remaining questions on this form)	
<ul> <li>Yes ONo</li> </ul>	e period listed in section a	(if no, you do not need to comple	are the remaining questions on this form).	
3. Are the wages reported in section 5, w	which were reported by the	claimant correct? (If yes, you do n	ot need to complete the remaining questions on t	his form).
⊖Yes ⊖No				
4. Comments				
5. Calendar Week	Ending	Benefits Paid	Claimant's Reported Earnings	Gross Wages Earned During the Week
10/3/2015	-	\$0	\$0	0
10/10/2015	5	\$0	\$0	0
10/17/2015	5	\$89	\$0	150.00
10/24/2015	5	\$89	\$0	0
10/31/2015	5	\$89	\$0	200.00
11/7/2015	i	\$89	\$0	200.00
11/14/2015	5	\$0	\$314	0
11/21/2015	5	\$0	\$0	0
11/28/2015	5	\$0	\$0	0
12/5/2015	i	\$0	\$0	0
12/12/2015	5	\$0	\$0	0
12/19/2015	5	\$0	\$0	0
12/26/2015	5	\$89	\$0	200.00
6. Employment start date: (not the date of	of hire)		10/01/2015	
7. Employment end date: (if applicable)			12/31/2015	
8. What was the claimant's work schedul	le?			
○ Full-Time ● Part-Time				
9. What is/was the claimant's rate of pay	?			
O day ● hour O week O bi-weekly O more 10. At the time of separation, was the slap	nthly	w2		OVer ONe
10a If yes indicate the type of separation	in navment, the total gross	(before deductions) amount given	and the period it covered:	O Yes ● No
Severance pay	group and an and a group	From:	To:	
Wages in lieu of notice		From:	To:	
Vacation/Holiday pay	-	From:	To: Reca	Il date:(if applicable):
Delayed commissions		From	To	
Bonuses		From	To	
Supplemental (error adjustment)		From	To	
Other		Explain		
10b. The claimant was notified on		that	would be the last d	lay of employment
10c Specify the basis for payment(policy	union contract length o	f service_etc)		ay or omployment.
10d. How is the pay being issued?	, amon, contract, longar o	. 50, 1100, 0107		
O Lump Sum				
O Regular pay schedule (weekly, bi-wee	ekly, monthly, etc)			
Other (explain below)				
10e.What calculation was used to detern	nine the amount of the sep	paration pay, severance pay, transi	tion pay, pay in lieu of notice and/or	
Continuation pay? (Ex. One week for eac	in year of service).			
Is there any additional desumantation the	at you would like to cond?			
Please describe the documents	at you would like to send?			OresONO
If additional information is needed, who s	should we contact?			
0				
Contact person's telephone number				
(888 )-888	-8888			
Name and title of the person completing	this request:			
Mrs. Test				
Leephone number of the person comple	ting this request:			
	-18888			
E mail Address	is true and correct.*		Dato vapioniz	
L-mail Address lest			Signature test	
test			Signature	
THANK YOU FOR YOUR ASSISTANCE	PLEASE RETURN THIS	INFORMATION WITHIN 30 DAYS	8	
Upload Attachments				
If you have an attachment to upload then	h choose the file by selecti	ng the 'Browse' button. File cannot	be larger than 10 MB. If your attachment is a xls	or xlsx file, these types cannot be larger than 1 MB.
No attachments	,			
Rowing	d Remove			
DIOWSE				
		Skip Previous	Save Submit	

#### **Confirmation Page**

Employer Information	Employer Information Schange Employer & Leave Em				
Employer Account Number:	Employer Name	FEIN			
Employer Action Confirmation					
	Employer Name:				
	Employer Account Number:				
	Document Type:				
	Issue ID:				
	Claimant Name:				
	Claimant ID:				
	Last 5 of Claimant's SSN:				
	Date and Time of Submission: 3/11/2016 10:43:12 AM				
Uploaded Documents					
No Attachments					
Your response has been submitted, please print a cop address on file in the Connect system. This screen will time out in 30 minutes, please click Pr To return to your home page, click the Employer Home but	y of this confirmation screen for your own records. The same confirmatio int Preview immediately. Ion	n information will be emailed to you, if you have an email			
	and the second				

# **Frequently Asked Questions**

- 1. Are employers still allowed to submit the UCO-2 after the due date has passed? *Yes.*
- 2. If the claimant did not work for me, do I still need to provide a response? Yes. Select "No" beside "the Claimant did not work for them" on the UCO-2, complete the contact information in Section 2, check the "I certify that the above information is true and correct", and select "Submit".
- 3. Why would employers receive an UCO-2 on a claimant that didn't work for them? *There are many factors or scenarios that play a part in you receiving an UCO-2. Below are a few that are more common.* 
  - A. Fraud: an employee used someone else's social security number at time of hire. I.e. Bob Brown is your employee and used Cynthia Smith's social on his new hire paperwork.
  - *B. Human Error: Social Security number was entered or reported wrong to Department of Revenue.*
- Employer's pay schedule is different from DEO's schedule of Sunday-Saturday.
   How do I calculate wages for that time frame? *Employers can list gross wages for the time frame listed and staff will calculate.*
- 5. Are employers required to respond to an UCO-2 online or by mail? *If Employers are able to respond electronically, then please do so. Even if you receive an UCO-2 via mail. Only UCO-2's that should be received via mail are from "Exempt Employers".*
- 6. Is there a scheduled time the UCO-2 forms go out to the employer? *They will show up on the "Action Item Notice" when available in your inbox.*

# What is an Appeal?

- Any person entitled to notice who is adversely affected by a determination or redetermination may file an appeal, pursuant to Section 443.151(4)(b)1., and in accordance with Rule 73B-20.002, F.A.C.
- An appeal can be submitted electronically, via fax, or by mail.
- An appeal may be filed within 20 calendar days of an adverse determination.
#### From the Employer Home Page select 'Employer Inbox.'

FLORIDA DEPARTMENT & ECONOMIC OPPORTUNITY		Tuesday March 08 2016 Print Preview
Change Password Logoff		
Employer Home	Employer Information Employer Account Number:	Employer Name: FEIN: FEIN:
View Employer Account Profile Employer Inbox Short Time Compensation Address Information	Employer Home Employer Home	
Benefit Charge Protest Correspondence Search	View Employer Account Profile           View Account Information           Short Time Compensation           Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.           Benefit Charge Protest           Protest benefits charged against your account	Employer Inbox View and maintain your inbox. Address Information View addresses and phone numbers. Maintain email address and update correspondence preference. Correspondence Search Search for Correspondence

- All Notices of Hearing will populate at the top of the Employer Inbox.
- To view adverse determinations select 'Eligibility Determination' from the drop down menu and then select the checkbox entitled 'Show Adverse Only'.
- Select 'Search' and all available adverse determinations will populate in the 'Search Results' section below the Notices of Hearing.

Employer Information							
Employer Account Number		Employer Name: International I				FEIN:	
- 05 - 55			A.4				
Notice of Hearing							
The Action Due Date below refers to any	hearing(s) scheduled through the	present date. To access	Notice of Hearing documents for pas	t hearing dates, search	through Correspondence Search.		
Rows 1-10 of 23			<1 <u>2</u> 3►				Page 1 of 3
Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant F	st.Name Action Due Dat	Created On Date	Predecessor
49769517	Notice of Hearing		a contraction of the second se		03/08/2016	02/13/2016	
49967113	Notice of Hearing		and the second s		03/08/2016	02/23/2016	
50055985	Notice of Hearing		and some	1.00	03/09/2016	02/26/2016	
49993510	Notice of Hearing	and the second se	and the second s	Sec.	03/10/2016	02/24/2016	
49827011	Notice of Hearing	Contract of the local division of the local	Carrier Street	THE OWNER OF TAXABLE PARTY.	03/10/2016	02/17/2016	
49863188	Notice of Hearing	Carl In Carlson	Constanting (	And a second sec	03/10/2016	02/18/2016	
50144283	Notice of Hearing	COLUMN TWO IS NOT	10.00	Contraction of Contra	03/10/2016	03/02/2016	
50011914	Notice of Hearing	COLUMN TWO IS NOT	Colorest 1	1 million	03/10/2016	02/25/2016	
50101900	Notice of Hearing	COLUMN DE COLUMN	Name of Concession, Name o		03/14/2016	03/01/2016	
50122102	Notice of Hearing	Contraction and	1000	100.00	03/15/2016	03/01/2016	
Rows 1-10 of 23			<1 <u>2</u> 3►			hillial control	Page 1 of 3
Employer Inbox					an va		
	NOT	E: Search criteria is re	quired. Please be as specific as p	ssible when entering	search criteria.		
	Action Due Dat	te: From:	(mm/dd/yyyy) To:	(mm/dd/yyyy)			
	Created on Dat	te: From: / /	(mm/dd/yyyy) To:	(mm/dd/yyyy)			
	Claimant Social Security Number	er:			Claimant ID:		
Claimant Last Name: Document ID:							
Claimant First Name: Original Employer:							
	Subje	ct: Select One					
			Reset Sea	rch			
			Contraction of the second seco				

### Select the 'Item' hyperlink to pull up the determination detail screen.

Employer Inbox									
		NOTE:	Search criteria is required.	Please be as spe	cific as possible when	n entering search criter	ia.		
	Action Due Date: From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)								
	Created on Date: From: 7 / (mm/dd/yyyy) To: 7 / (mm/dd/yyyy)								
	Claimant Social Security Number:								
		Claimant Last Name:				Document ID:		1	
		Claimant First Name:			Orig	inal Employer:	~		
		Subject:	Eligibility Determination	~					
			Show Adverse Only						
To move documents Correspondence Sea Failure to respond I payments are later Search Results	to your Corre arch applies t by the speci determined	espondence Search, select the o all documents, except Notice fied deadline will result in a d to be erroneous.	checkboxes in the 'Move to C of Hearing. etermination being issued to	Correspondence S	earch' column and click e information. Also, yo	the 'Send to Correspond ur account could be ch	lence Search' buttor	n. The ability to movi	e documents to nt even if such
Move To Correspondence Search	<u>ltem</u>	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date	Predecessor*
	50251531	A PARTY OF A DESCRIPTION OF A DESCRIPTIO	Eligibility Determination		1.2.	No. of Concession, Name	03/25/2016	03/05/2016	
* If the Predecessor field is populated, then the item has arrived in your inbox because you either fully succeeded the employer, or partially succeeded the employer for the claimant's SSN.									
	জাল লগ কি কে কা হাই বা গোঁই								
	Previous Move To Correspondence Search								

- On 'Eligibility Determination' screen, select 'View Determination.'
- After viewing the determination, view available appeals options by clicking the arrow on the 'Select One' menu in the Available Appeals Actions section.
- Select 'File Appeal' from the available actions drop-down menu.
- Select 'Next.'

Employer Information		
Employer Account Number:	Employer Name:	FEIN:
Employer Elinibility Determination		
Employer Englority Determination		2 g
To view detailed determination, select View Determination		
Employer Name:	Stated in the second line of the	
Issue Identification Number:		
Issue Type:	Discharged	
Benefit Year Begin Date:	02/14/2016	
Benefit Year End Date:	02/13/2017	
Correspondence Issued Date:	03/05/2016	
Determination:	Eligible	
To take any action, you must view your determination. After your determination has been viewed there will I Determination In order to file an appeal you must view your determination. View the Determination:	be additional options.	
Appeal by Date:	03/25/2016	
Available Appeals Actions		
Select One	Select One V	
Previous	· Next	

# On the 'File Appeal Screen' select 'Next' to proceed with filing an Appeal.

Employer Information						
Employer Account Number:	Employer Name:	FEIN:				
File Appeal Message Information – Employer Appeals ONLY To file an appeal on this determination, please complete the following so	creens. If you wish to appeal another determination, you will need to file a separate appeal on that de	termination.				
A telephone hearing will be scheduled to resolve your appeal. You have representation, you should do so now. If you obtain an attorney or repre- Determination Detail screen.	A telephone hearing will be scheduled to resolve your appeal. You have the right to be represented by an attorney or representative and you may bring witnesses to help you present your case. If you plan to seek epresentation, you should do so now. If you obtain an attorney or representative after the filing of your appeal, please update your information through the Update Appeal Participants action on the Eligibility Determination Detail screen.					
The hearing is conducted by an Appeals Hearing Officer. The Hearing Officer is responsible for obtaining all information necessary to make a decision that is legally correct. All parties testify under oath. We urge you to read the appeals pamphlet describing the hearing process and providing information to help you prepare for the hearing. You must appear for your hearing. If you fail to appear for your hearing your appeal will be dismissed and this determination will remain in effect.						
After your hearing is complete, you will receive a written decision. If the referee's decision is not in your favor, the decision will contain additional appeal rights.						
	Previous Next					

# Enter contact information, the reason for the appeal and hearing details.

Contract Information				
First Name of individual filing appeal:	*			
Last Name of individual filing appeal.	*			
Job title of individual filing appeal.	*			
First Name of contact person for bearing:				
Last Name of contact person for hearing.				
Last Haine of contact person for relaring.				
Contact Telephone Number:				
Contact Telephone Number.				
Employer Address				
Address Line 1:				
Address Life 2.				
State				
Zip:	Contract -			
Work Site Address				
Name:				
Address Line 1:				
Address Line 2:				
City:				
State:	FL - Florida V			
Zip Code:				
Reason for Appeal				
Please describe the reason for this appeal:	*			
	^			
	× ·			
Hearing Details				
Claimant Name:				
Will the Employer be represented by an agent or attorney who was not sent a copy of the initial determination?:	○Yes ONo			
Will the Employer present witnesses other than the contact person for this hearing?:	○Yes ○No			
Telephone Number for Hearing:	()* ext:			
Upload File				
Do you have any files related to the appeal to upload?:	⊖Yes   No*			
Previous	Next			

- Enter information for any representatives and then add any desired witnesses.
- Indicate if documents are going to be uploaded at this time (this can be updated later).

Add Representation - Claimant/Employer	
You indicated that you will be represented by an attorney or other representative at the hearing. Please provide the Attorney/Representative's First Name:	e contact information for your attorney or other representative below.
Attorney/Representative's Last Name:	*
Firm Name:	
Address Line 1:	*
Address Line 2:	
City:	*
State:	FL - Florida
Zip Code:	*
Contact Telephone Number:	()
Telephone Number for Hearing:	()* ext:
Alternate Appeal Address	
Address Line 1:	
Address Line 2:	
City:	
State:	FL - Florida V
Zip Code:	
Previous	Next

#### Who Should Participate?

- Firsthand witnesses
- Records custodians
- Involved supervisors or managers

Employer Information					
Employer Account Number:	Employer Name:	FEIN			
Witness List - Claimant / Employer					
You indicated that you will present witnesses to help prove your case. Witness First Name	Witnesses should have direct knowledge of the issue(s) to be heard. Witness Last Name	You are responsible for notifying the witnesses of the date and tim Telephone Number	ne of the hearing.		
		() ext: [			
Select All					
Add New Save Delete Previous Next					

1. Select the 'Browse' button and then locate the file from the computer hard drive.

Upload File Appeal
No Records Found
Upload File
If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB.
Save Previous Upload

- 2. Click open from the hard drive and then click 'Add.'
  - a) You must then enter a brief description in the Description text box.

Upload Fi	le Appeal	
No Records	Found	
Upload Fi	le	
lf you have a MB.	an attachment to upload the	n choose the file by selecting the 'Browse' button. File cannot be larger than 10
C:\	\Capture.png	Browse Add

 Once all desired documents have been added select 'Upload.'

Upload File Appeal						
		Description	Date Received			
	Capture.png	*	12/12/2014			
Uploa	ad File					
If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB.						
Browse Add						
		Save Previous Upload Remove				

#### 4. To add more files repeat the previous steps

Uplo	ad File Appeal			
		Des	scription	Date Received
	capture.png proof of earnings	*		12/12/2014
	termination letter.doc letter to employe	r	*	12/12/2014
	letter.png letter to employer	*		12/12/2014
Upic If you	oad File have an attachment to upload then choose	e the file by Save	selecting the 'Browse' button. File cannot be la Browse Previous Upload Remove	irger than 10 MB.

#### **Useful Documents to Upload**

- Copies of pertinent company policy
- Copies of the claimant's acknowledgment of those policies
- Copies of warnings issued to the claimant

Note: Make sure all copies of documents are clear and legible

#### **Updating Appeal Information**

In order to update your appeal information later, navigate to Correspondence Search from the Employer Home Page.

PLORIDA DEPARTMENT / ECONOMIC OPPORTUNIT			Tuesday March 08 2016 Print Preview
Change Password Logoff			
Employer Home	Employer Information Employer Account Number:	Employer Name:	FEIN:
View Employer Account Profile	Employer Home		
Employer Inbox Short Time Compensation Address Information	Employer Home Employer Home		
Benefit Charge Protest Correspondence Search	<u>View Employer Account Profile</u> View Account Information	Employer Inbox View and maintain your inbox.	
	Short Time Compensation Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC	C) Plan. View addresses and phone numbers. Maintain email address ar	nd update correspondence preference.
	Benefit Charge Protest Protest benefits charged against your account	Correspondence Search Search for Correspondence	

### **Updating Appeal Information**

Enter the information for the desired case, set the Subject as 'Eligibility Determination' and select 'Search.' Then select the 'Document ID.'

Employer Information								
Employer Account Number:				Employer Name: FEIN: FEIN: FEIN:				
Employer Correspondence								
		Cre	eated On Date:	From: / /	(mm/dd/yyyy) To: / /	(mm/dd/yyyy)		
			Document ID:					
		Social Se	curity Number:					
			Last Name:					
			First Name:					
			Subject:	Eligibility Determination	~			
				Show Adverse Onl	ly			
			Reset	Search				
Search Results								
Document ID	Subject	Claimant SSN	Claiman	Last Name	Claimant First Name	Created Date	Predecessor*	
49544477	and the second se		and the local division of the local division		Barrie	02/10/2016		

### **Updating Appeal Information**

# Use the dropdown menu to select View Case Folder or Update Appeal Participants.

Employer Information		
Employer Account Number:	Employer Name:	FEIN:
Employer Elizibility Determination		
Employer Englowity Determination		
To view detailed determination, select View Determination		
Employ	er Name:	
Issue Identification	Number: 0027 8409 99-04	
Ist	sue Type: Quit	
Benefit Year Be	gin Date: 01/10/2016	
Benefit Year I	End Date: 01/09/2017	
Correspondence Iss	ued Date:	
Deter	mination:	
To take any action, you must view your determination. After your determination has been viewed there w Determination	vill be additional options.	
In order to file an appeal you must view your determination.		
View the Deter	mination: View Determination	
Hearing So	cheduled: 03/10/2016	
Available Appeals Actions		
Select One	Select One	
	Previous Next	

#### Withdrawing an Appeal

- An appeal can also be withdrawn from this screen.
- From 'Eligibility Determination' screen select 'Withdraw Appeal' from the drop-down menu.

	-				
Withdraw Appeal					
You may request to withdraw your appeal anytime before the Referee's decision is distributed.	_				
Request Submitted By: First Name: *					
Last Name: *					
Role:					
🗵 I understand that if my request to withdraw my appeal is granted, the determination I appealed will remain in effect.*					
Reason for Withdrawal					
* *					
Previous Submit					

- Enter information required fields and click 'Submit.'
- A continuance can also be requested this way.

#### **Appeal Hearing**

## The Employer Inbox automatically displays all upcoming Notices of Hearing at the top.

Employer Information							
Employer Account Number.			Employ	er Name: and a second second		FEIN: #	
Notice of Hearing							
The Action Due Date below refers to any	hearing(s) scheduled through the pre	sent date. To access N	otice of Hearing documents for past I	earing dates, search through Corr	espondence Search.		
Rows 1-10 of 23			+123+				Page 1 of 3
Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
49769517	Notice of Hearing	a see and the		No. of Concession, Name	03/08/2016	02/13/2016	
49967113	Notice of Hearing		ALC: AND D	Contraction of the local division of the loc	03/08/2016	02/23/2016	
50055985	Notice of Hearing		and the second s	100.00	03/09/2016	02/26/2016	
49993510	Notice of Hearing		and the second se		03/10/2016	02/24/2016	
49827011	Notice of Hearing	and a state of the	Castron .	al second to	03/10/2016	02/17/2016	
49863188	Notice of Hearing		COMPANY OF THE OWNER	Comment of	03/10/2016	02/18/2016	
50144283	Notice of Hearing		100 m	In some	03/10/2016	03/02/2016	
50011914	Notice of Hearing	a an	Contract of Contra	17 mm m m	03/10/2016	02/25/2016	
50101900	Notice of Hearing	a second a	Castor I	and the second s	03/14/2016	03/01/2016	
50122102	Notice of Hearing		Magent .	and and a second	03/15/2016	03/01/2016	
Rows 1-10 of 23			+123►				Page 1 of 3
	Action Due Date: Created on Date: Claimant Social Security Number Claimant Last Name Claimant First Name	From: / / / 0 From: / / / 0	mm/dd/yyyy) To: / / (n mm/dd/yyyy) To: / / (n	nm/dd/yyyy) nm/dd/yyyy) Cla Docu Original E	imant ID:		
	Subject	Select One	~		an an an		
To locate documents no longer availat To move documents to your Corresponde documents, except Notice of Hearing.	ble in your inbox, click on the 'Corr ince Search, select the checkboxes in	espondence Search' h the 'Move to Correspo	Reser Search yperlink. ndence Search' column and click the	Send to Correspondence Search	button. The ability to move do	currents to Correspondence Sear	ch applies to all
Failure to respond by the specified development of the specified developme	adline will result in a determination	being issued with the	available information. Also, your	account could be charged for be	nefits paid to the claimant ev	ren if such payments are later d	letermined to be
Search Results							
Select All							
No Search Executed							
* If the Predecessor field is populate	ed, then the item has arrived in your in	box because you eithe	r fully succeeded the employer, or pa	rtially succeeded the employer for	the claimant's SSN.		
			Previous More To Correspo	odence Search			
			Contraction of Contra				

#### **Appeal Hearing**

- Appeal hearings are held telephonically
- Hearings are conducted by an appeals referee
- After the hearing, the decision will be distributed to the parties

#### **Further Appeal Rights**

- Referee decisions can be appealed to the Reemployment Assistance Appeals Commission (RAAC)
- An appeal may be filed within 20 calendar days of the rendition of the decision
- The RAAC will review the record and either affirm, reverse, or remand the case for further proceeding

Contact us at CONNECTTrainingTeam@deo.myflorida.com

Natasha Ward – *Training Coordinator* 

Andrew Stanley – *Trainer* 

Patrice Saucier – *Trainer* 

El'Lise Bethel – *Trainer* 

Steele Simpson – *Trainer* 

#### **Questions?**



FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY