

1 LABOR CABINET

2 Office of Unemployment Insurance

3 (Amendment)

4 787 KAR 1:090. Unemployed worker's reporting requirements.

5 RELATES TO: KRS 341.350, 341.360, 341.370, 341.380

6 STATUTORY AUTHORITY: KRS 336.015, 336.050~~[+51B.020]~~, 341.115(1), 2021 Ky
7 Acts ch. 169 Part 1(I)(7)~~[341.125(1)]~~

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 341.115(1) authorizes the
9 secretary to promulgate administrative regulations deemed necessary or suitable for the proper
10 administration of KRS Chapter 341. This administrative regulation establishes the registration
11 and reporting requirements that an unemployed worker shall meet to draw benefits, the date
12 when a claim shall be valid, the length of time a claim may be backdated, the procedures for
13 electronic, telephone, and mail claims, and the requirement for random audits.

14 Section 1. Registration for Work. (1) An unemployed worker shall be registered for work
15 with a state employment service before he is eligible to receive benefits. A registration shall be
16 considered filed if the unemployed worker completes the registration process.

17

1 (2) When an unemployed worker completes an initial application for benefits or reopens a claim,
2 he shall be assigned a group classification code A or B based upon his reemployment prospects.

3 (a) Group A shall consist of any worker who is unemployed and is not subject to definite
4 recall within a period of twelve (12) weeks from the date of filing of the initial or reopened claim.

5 (b) Group B shall include any worker who is:

6 1. Unemployed and has definite return prospects with his last employer within a period of
7 twelve (12) weeks from the date of filing of the initial or reopened claim;

8 2. Unemployed because of a labor dispute in the establishment where he has been
9 employed; or

10 3. A member of a union which shall be responsible for securing future employment.

11 (3) During any benefit year, an unemployed worker shall be assigned a different group
12 classification code if review of his reemployment prospects reveals that a different classification
13 is appropriate.

14 (4) The completion of an initial application for benefits shall serve as work registration for
15 any group "B" unemployed worker.

16 Section 2. Initial or Reopened Claims for Benefits. (1) In order for an unemployed worker
17 to file an initial or reopened claim for benefits, he shall complete the Initial Claim Application[;
18 ~~Form 401,~~] by using:

19 (a) An internet claim registration through the Web site provided by the agency for that
20 purpose at uiclaimsportal.ky.gov[~~https://uiclaims.des.ky.gov/ebenefit/~~];

1 (b) A telephone claim registration through the call center provided by the agency for that purpose;
2 or

3 (c) An in person claim registration by reporting to a state employment service office that
4 provides unemployment insurance assistance.

5 (2) If any issues regarding the unemployed worker's eligibility as provided by KRS 341.350
6 or a potentially disqualifying circumstance as provided by KRS 341.360 or 341.370 are detected,
7 a fact finding investigation shall be conducted during which the unemployed worker shall:

8 (a) Provide picture identification and valid proof of the worker's Social Security number
9 from the Social Security Administration; and

10 (b) Present all facts in support of the application.

11 (3) The initial or reopened claim shall be dated as of the first day of the week in which the
12 unemployed worker completes the procedure established in subsection (1) of this section.

13 (4) Upon the presentation by the unemployed worker of reasons found to constitute good
14 cause for failure to file at an earlier date, the secretary shall backdate the initial or reopened claim
15 to the first day of the week in which the worker became unemployed, or the second calendar week
16 preceding the date the worker filed, whichever is later.

17 (5) An unemployed worker whose unemployment insurance benefit check has been lost or
18 stolen shall notify the office in writing~~[file a UI-480, Lost or Stolen Check Statement, to initiate~~
19 ~~the process to issue a new check].~~

20 Section 3. Claiming Weeks of Benefits. (1) Once an unemployed worker has filed an initial
21 claim and established a benefit year, he shall claim his benefits on a biweekly basis by one (1) of
22 the methods and within the time frames established in subsection (2) of this section.

23 (a) The unemployed worker shall claim either one (1) or both of the weeks of benefits.

1 (b) Except as provided in paragraph (c) of this subsection, for every two (2) week period
2 of benefits being claimed following the effective date of the initial or reopened claim, the
3 unemployed worker shall claim his benefits during the calendar week following the second week
4 of the period.

5 (c) Upon the presentation by the unemployed worker of reasons the secretary finds to be
6 good cause for the failure of the worker to claim his benefits during the prescribed week, the
7 secretary shall allow the worker to claim benefits for the two (2) calendar weeks preceding the
8 date on which the worker claimed his benefits. In this case the worker shall next be eligible to
9 claim benefits for the two (2) calendar weeks following the weeks of benefits claimed late.

10 (2) Except as provided in subsection (3) of this section, the unemployed worker shall
11 complete a claim for benefits:

12 (a) Through the Web site provided by the agency for that purpose at
13 uiclaimsportal.ky.gov [~~<https://uiclaims.des.ky.gov/ebenefit/>~~], with the claim completed before 7
14 p.m. Eastern Time on the Friday of the calendar week following the second week of the period
15 claimed; or

16 (b) By telephone through the interactive voice response system provided by the agency for
17 that purpose, with the claim completed between the hours of 10 a.m. and 9 p.m. Eastern Time on
18 the Sunday, or between the hours of 7 a.m. and 7 p.m. Eastern Time on the Monday through the
19 Friday of the calendar week following the second week of the period claimed.

20 (3)(a) The secretary shall direct an unemployed worker to claim benefits by mail if it is not
21 possible for the worker to claim by either option provided in subsection (2) of this section due to:

- 22 1. Unavailability of those options for the type of benefits claimed;
- 23 2. Unavailability of those options due to technical problems; or

1 3. A physical or mental condition preventing the worker from using those options.

2 (b) A continued claim shall cover the week or weeks indicated on the Continued Claim
3 Form.

4 (c) Any claim filed by mail shall be considered filed on the day it is deposited in the mail
5 and postmarked as established in 787 KAR 1:230, Section 1(2).

6 (d) The provisions of this administrative regulation governing the dating and backdating of
7 a continued claim shall also apply to a claim filed by mail, and unless the claim is filed within the
8 prescribed time, it shall not be allowed.

9 Section 4. Employer Filed Claims. (1) An employer may file a claim on behalf of an
10 unemployed worker if:

11 (a) The worker has definite recall rights within four (4) calendar weeks;

12 (b) The employer has a workforce of at least 100 workers at the time of the layoff;

13 (c) The employer submits the claim information in the required electronic format using the
14 Directions for Submitting an Employer Mass Electronic Claim (E-claim) File and the E-claim –
15 Template~~[Mass Electronic Filing Cell Data and Formatting Guide]~~; and

16 (d) Prior to the first time an employer files a claim on behalf of a worker, the employer
17 submits a test sample of claim information and receives confirmation from the Office of
18 Unemployment Insurance ~~[Division]~~ that the information is in the required format prior to the date
19 the period of unemployment will begin.

20 (2) The effective date of an employer filed claim shall be the first day of the week in which
21 the period of unemployment began.

1 (3) An unemployed worker who does not file a continued claim for benefits established
2 under an employer filed claim may file a new initial claim within the period of one (1) year from
3 the effective date of the employer filed claim.

4 Section 5. Eligibility Review. The secretary may require an unemployed worker claiming
5 benefits to report for the purpose of continued benefit eligibility review as a condition for payment
6 of benefits. The requirement and interval for eligibility review shall be determined by:

7 (1) The worker's classification as established in Section 1(2) of this administrative
8 regulation;

9 (2) The worker's individual employment and earning history; and

10 (3) The local labor market.

11 Section 6. (1) The secretary shall notify an unemployed worker if the secretary determines
12 that the unemployed worker failed to file a claim for benefits or register for work within the
13 specified time due to:

14 (a) The employer's failure to comply with 787 KAR Chapter 1;

15 (b) Coercion or intimidation exercised by the employer to prevent the prompt filing of a
16 claim; or

17 (c) Failure by the Office of Unemployment Insurance~~[Division's]~~ personnel to discharge
18 necessary responsibilities.

19 (2)(a) Except as provided in paragraph (b) of this subsection, an unemployed worker shall
20 have fourteen (14) days after receipt of the notification required by subsection (1) of this section
21 from the secretary within which to file a claim.

22 (b) A claim shall not be filed later than thirteen (13) weeks subsequent to the end of the
23 actual or potential benefit year involved.

1 Section 7. The secretary shall conduct random audits of claims. Each random audit shall
2 include one (1) or more of the eligibility requirements provided by KRS 341.350.

3 Section 8. Incorporation by Reference. (1) The following material is incorporated by
4 reference:

5 (a) Directions for Submitting an Employer Mass Electronic Claim (E-claim) File, 03/20
6 ~~[Initial claim application, "Form 401", 8/10]; and~~


7 (b) E-Claim – Template, 03/20.~~[UI-480, "Lost or Stolen Check Statement", 06/13;~~

8 (c) ~~"Continued Claim Form", 10/95; and~~

9 (d) ~~"Mass Electronic Filing Cell Data and Formatting Guide", 03/07.]~~

10 (2) This material may be inspected, copied, or obtained, subject to applicable copyright
11 law, at the Office of the Director of the Office~~[Division]~~ of Unemployment Insurance, Mayo-
12 Underwood Building, 500 Mero Street~~[275 East Main Street, 2 CD]~~, Frankfort, Kentucky
13 40601~~[40621]~~, Monday through Friday, 8 a.m. to 4:30 p.m.

As approved by



Buddy Hoskinson, Executive Director
Office of Unemployment Insurance

07/01/2021

Date



Jamie Link, Secretary
Kentucky Labor Cabinet

07/01/2021

Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on September 27, 2021 at 2:00 (ET). This hearing will be conducted by live videoconference (ZOOM) pursuant to Senate Bill 150, Section 1, subparagraph 8(b) (R.S. 2020) and the continuing state of emergency due to the novel coronavirus pandemic. Public access to the meeting will be available at <https://us02web.zoom.us/j/88991458931?pwd=eTZYMEo0V3Qydnk0alB3MFFyYmZVUT09>, password 358248 or by telephone at 713-353-0212 or 888-822-7517 (toll free), conference code 278497.

Individuals interested in being heard at this hearing shall notify this agency in writing five (5) working days prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through September 30, 2021. Send notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Buddy Hoskinson, Labor Cabinet, Mayo-Underwood Building, 500 Mero Street, 4th Floor, Frankfort, Kentucky 40601, Telephone: (502) 564-2199, Facsimile: (502) 564-7850, Email: buddy.hoskinson@ky.gov.

REGULATORY IMPACT AND TIERING STATEMENT

Regulation Number 787 KAR 1:090

Contact Person: Buddy Hoskinson, Telephone: (502) 564-2199, Facsimile: (502) 564-7850,
Email: buddy.hoskinson@ky.gov.

- (1) Provide a brief summary of:
 - (a) What this administrative regulation does: This administrative regulation establishes the registration and reporting requirements that an unemployed worker shall meet to receive benefits, the date when a claim shall be valid, the length of time a claim may be backdated, the procedures for electronic, telephone and mail claims, and random audits.
 - (b) The necessity of this administrative regulation: This administrative regulation is necessary to establish requirements for unemployment workers while receiving unemployment insurance benefits as well as the authorization of random audits of claims.
 - (c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 341.115(1) authorizes the secretary to adopt regulations deemed necessary for the proper administration of KRS Chapter 341. This regulation establishes requirements to help in the administration of KRS Chapter 341.
 - (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists the office in determining when an unemployed worker is eligible to draw benefits, the date when a claim shall be valid, the length of time a claim may be backdated, the procedures for electronic, telephone, and mail claims, and the requirements for random audits.

- (2) If this is an amendment to an existing regulation, provide a brief summary of:
 - (a) How this amendment will change this existing administrative regulation: This amendment updates language to match what is currently utilized by the office, removes materials incorporated by reference that are no longer in use, removes the requirement for unemployed workers to complete Form UI-480 when they need to request a reissuance of a lost or stolen UI check, adds current materials incorporated by reference and updates web site addresses. Further, this amendment updates the statutory authority to reflect that the Office of Unemployment is now within the Labor Cabinet pursuant to 2021 Ky Acts ch. 169 Part 1(I)(7).
 - (b) The necessity of the amendment to this administrative regulation: This amendment is necessary to update statutory authority, language and materials incorporated by reference and to ensure that web site addresses are accurate.
 - (c) How the amendment conforms to the content of the authorizing statutes: KRS 341.115(1) authorizes the secretary to amend regulations deemed necessary for the proper administration of KRS Chapter 341. This regulation establishes requirements to help in the administration of KRS Chapter 341.

- (d) How the amendment will assist in the effective administration of the statutes: This amendment will continue to ensure that unemployed workers may apply for unemployment insurance benefits.
- (3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation affects all unemployment insurance claimants and subject employers in the Commonwealth.
- (4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
- (a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: No additional compliance duties are required by this amendment.
 - (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): There is no additional cost associated with this amendment.
 - (c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Compliance with this administrative regulation helps to facilitate the reentry into the workforce.
- (5) Provide an estimate of how much it will cost to implement this administrative regulation:
- (a) Initially: This administrative regulation, as amended, is not anticipated to generate any new or additional costs.
 - (b) On a continuing basis: This administrative regulation, as amended, is not anticipated to generate any new or additional costs.
- (6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: KRS 341.240 provides for the establishment of the unemployment compensation administration fund and establishes that all of the money in this fund shall be expended solely to defray the cost of the administration of this chapter.
- (7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new or by the change if it is an amendment: This administrative regulation, as amended, is not anticipated to generate any increase in fees or funding.
- (8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: There are no fees associated with this administrative regulation.
- (9) TIERING: Is tiering applied? Tiering is not applied. All unemployment insurance claimants are treated equally.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation Number 787 KAR 1:090

Contact Person: Buddy Hoskinson, Telephone: (502) 564-2199, Facsimile: (502) 564-7850,
Email: buddy.hoskinson@ky.gov.

1. What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This administrative regulation impacts the Office of Unemployment Insurance.
2. Identify each state or federal statute or regulation that requires or authorizes the action taken by the administrative regulation. KRS 336.015, 336.050, 341.115(1), 341.350, 341.360, 341.370, 341.080, and 2021 Ky Act ch. 169 Part 1(I)(7).
3. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.
 - a. How much revenue will the administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue.
 - b. How much revenue will the administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue.
 - c. How much will it cost to administer this program for the first year? There is no cost to this amendment.
 - d. How much will it cost to administer this program for subsequent years? There is no cost to this amendment.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): Unknown

Expenditures (+/-): Unknown

Other explanations: This amendment does not impose any additional requirements or expenditures.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

The “Directions for Submitting an Employer Mass Electronic claim (E-Claim) File” is the 2-page instructions for completing the E-Claim – Template. KRS 341.115 authorizes the secretary to adopt administrative regulations deemed necessary or suitable for the proper administration of KRS Chapter 341. These directions provide guidance for employers on how to complete the necessary form when filing an unemployment insurance claim on behalf of unemployed workers.

“E-claim – Template” is the template utilized when employers file unemployment insurance claims on behalf of unemployed workers. KRS 341.115 authorizes the secretary to adopt administrative regulations deemed necessary or suitable for the proper administration of KRS Chapter 341. This form standardizes the practice for employers and ensures the office is receiving all required information in order to process the claims.

**KENTUCKY LABOR CABINET
OFFICE OF UNEMPLOYMENT INSURANCE
QUALITY CONTROL BRANCH
500 MERO Street, 4th FLOOR
FRANKFORT, KY 40601
PHONE 502-564-2369
FAX 502-564-4746
UIECLAIMS@KY.GOV**

**Directions for Submitting an Employer Mass Electronic Claim (E-Claim) File
[E-Claim - Template.xls]**

Important Notes on the E-Claim Process:

An otherwise eligible employer for E-Claims may submit an E-Claims file to the Office of Unemployment Insurance. All E-claims files submitted to the agency must meet the requirements listed below. The employer’s contact person will be notified if corrections are needed. The E-Claim file may be resubmitted once the required corrections are made.

E-Claim files should be submitted to Uieclaims@ky.gov. An acceptable E-claim file may be submitted prior to the Benefit Week, but no later than **12:00 Noon E.T. on the Tuesday of the Benefit Week** otherwise the E-claim will not be processed.

Directions for Completing E-Claim – Template.xls

1. Make sure there are no spaces at the start of each cell.
2. If you paste data to the file, you want to use the **paste values** option.
3. The top part must be filled out completely. There is no specific format other than ensuring that all fields have information.
 - a. **Last Day Worked (LDW):** This date will be used for all employees on the list. If you have multiple LDW due to shifts, multiple spreadsheets/E-Claim files should be submitted.
 - b. **Return to Work Date (RTW):** This is the actual RTW date for the group of employees, if employees are off for more than 1 week, this same file will need to be submitted weekly; The Benefit Week would be the only difference.
 - c. **Benefit Week:** Select Benefit Week that employees will be off. Select from drop down list; it goes from Sunday to Saturday.
 - d. **“0 employees on this E-claim”** – This is auto calculated, do not edit this.
 - e. **Contact Person and Contact Person 2** – These should be the Point of Contact that our agency can contact if there is a problem with your E-claim file.

Company Name:	Awesome company		
Company Location:	800 Main Street, Any town ,KY 4xxxx		
Contact Person:	Jane Doe	Contact Person 2:	Jim Smith
Contact Email:	Jane.doe@awesomeco.com	Contact Email 2:	Jim.Smith@awesomeco.com
Phone # :	859-867-5309	Contact Ph # 2:	
Last Day Worked:	9/29/2019		
Return to Work Date:	10/15/2019		
Benefit Week:	1 Oct 19 – 7 Oct 19		0 employees on this E-claim

4. **Social Security Numbers** – Numbers only, (No dashes and no spaces).

5. **First name** – Letters only, (no special characters i.e. hyphens or apostrophes).
6. **MI - Middle initial** – A single letter or blank if no middle name. No extra characters or punctuation.
7. **Last name** – Letters only, (no special characters i.e. hyphens or apostrophes). Hyphens may be used if there are 2 last names.
8. **Address line 1** – *MUST BE THEIR CURRENT ADDRESS*. Hyphens may be used. (field size:23 characters)
 - a. Please use abbreviations:
 - i. Ave – avenue
 - ii. Blvd – boulevard
 - iii. Ln – lane
 - iv. Rd – road
 - v. St – street
 - vi. Hwy – highway
9. **Address line 2** – PO BOXES, APARTMENT, LOT, & UNIT NUMBERS *must* go in this cell. (field size:23 characters)
10. **City** – Enter the city name
11. **State** – Enter the state’s 2 letter abbreviation (Kentucky=KY)
12. **Zip code** – Numbers only, 5 digit zip code.
13. **Phone #** – Numbers only, (No dashes or parenthesis). e.g. 5028887777
14. **Birth - Birthdates** – Date formatted as MM/DD/YYYY. e.g. 03/05/1980 or 03051980
15. **S - Sex** – Single letter abbreviation.
 - a. Please use one of the following abbreviations accepted by our system:
 - i. M – Male
 - ii. F – Female
16. **R - Race** – Single letter
 - a. Please use one of the following abbreviations accepted by our system:
 - i. A -Asian
 - ii. B -African American
 - iii. H -Hispanic
 - iv. I -American Indian/Alaskan
 - v. W -White
 - vi. W – Other
17. **CSD - Company start date**. Date formatted as MM/DD/YY. e.g. 03/05/99 or 030599
18. **Alien ID** – Numbers only
19. **Employee ID** – Employer defined (optional field). If you are going to request information from us, we will identify your employees by the last 4 of SSN or employee id that you provide.
20. **Employee Email** – The email address at which the employee should receive UI correspondence.

Company Name

Location

Contact Person

Contact Email

Phone #

Last Day Worked

Return to Work Date

Benefit Week

Contact Person 2

Contact Email 2

Contact Phone # 2

0 Employees on this E-claim

SSN	FIRST NAME	M	LAST NAME	ADDRESS LINE 1	ADDRESS LINE 2	CITY	ST	ZIP CODE	PHONE #	BIRTH	S	R	CSD	ALIEN ID	Employee ID	Employee Email
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