FORT BELKNAP INSURANCE COMPANY
UNEMPLOYMENT, WORKER'S COMPENSATION, AND BURIAL ASSISTANCE
281 Chippewa Avenue/P.O. Box 146 Harlem, MT 59526
Phone: (406) 353-4181/Fax: (406) 353-4934
E-mail: fbinsur4@itstriangle.com

DIRECTIONS TO APPLY FOR UNEMPLOYMENT BENEFITS

1. Attach your separation letter from your position being vacated (i.e., furlough, lay-off, termination or resignation); a copy of a picture ID and Social Security card.

2. Complete the Unemployment Compensation Application on all 4 pages and all questions need to be answered completely.

3. The "Official Use Only," will be completed by the claim taker (Claims Assistant).

4. Claims Assistant will request wages from the Fort Belknap Finance Department for the current base period Claimant is applying for. The Unemployment applications and Letter of Separation need to be in the office before we can request your wages. To be eligible, a Claimant must have worked a minimum of TWO quarters in the current base period at time of application submission. (See attached calendar for base period example)

5. The eligible minimum weekly benefit amount is **$165.00 per week** and the maximum weekly benefit amount is **$560.00 per week**. The full-time minimum benefits are **eight (8) weeks**, and the maximum is **twenty-eight (28) weeks** to receive unemployment insurance benefits.

6. A notification letter of eligibility or ineligibility will be mailed to you (The Claimant).

7. An Eligible Claimant will receive a bi-weekly (two weeks) **Claim Form** with their eligibility letter. The Claim Form will need to be completed and turned into the office before an unemployment benefit check can be received.

8. Claimants who are furloughed or Job attached are not required to JOB SEEK.

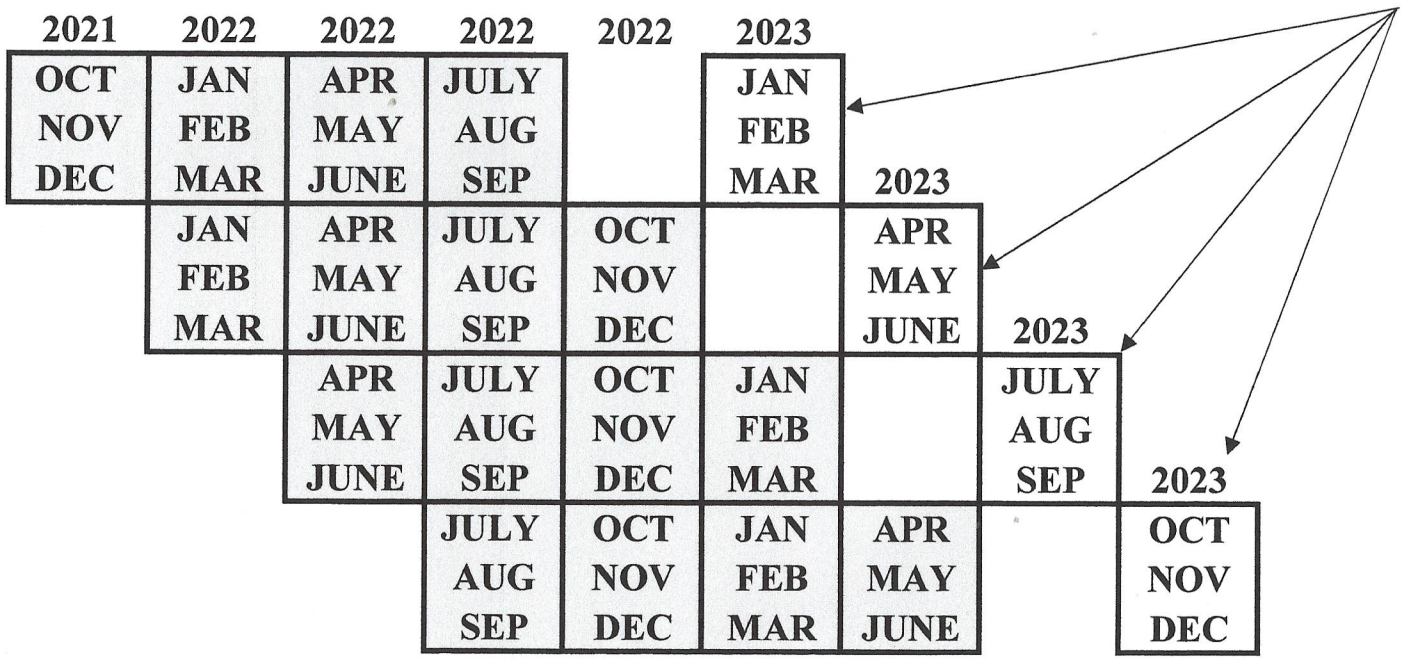
9. For the Claimants who are **LAID OFF** or their **POSITION ABOLISHED**, they will be required to job seek. Required to contact one employer per week. It can be in person or on the internet. You are required to keep a personal log of your employer contacts.

10. Claimants that are **TERMINATED** are not eligible until they make eight (8) times their eligible unemployment weekly benefit amount. (Example: $150.00 x 8 = $1,200.00) Claimants who **RESIGN** from their positions must make six (6) times their eligible unemployment weekly benefit amount. (Example: $150.00 x 6 = $900.00)

11. A Claimant **CANNOT** refuse any work. Refusal of work is cause for disqualification of unemployment benefits.

BASE PERIOD TABLE

IF CLAIM IS FILED IN: 2023



(BASE PERIOD IS SHADED AREA)

Fort Belknap Insurance Company

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UNEMPLOYMENT COMPENSATION APPLICATION

Claimant Information (*Information Fields Must Be Completed) Please Print

Todays Date: __ __ / __ __ / __ __ __ __		*Social Security: __ __ __ - __ __ - __ __ __ __
*FIRST NAME:	MIDDLE INITIAL:	*LAST NAME:
Mailing Address: *ADDRESS - Line 1		ADDRESS - Line 2
*City:	*State:	*Zip:
Email:		*Phone Number:
*Date Of Birth: __ __ / __ __ / __ __ __ __	*Gender: ( ) M ( ) F	*Education:

*Other last names used while working:

*Enrolled Member of Fort Belknap: ( ) Yes ( ) No If yes, enrollment Number:

*I hereby certiy, under penalty, that I am a Citizen of the United States of America. ( ) Yes ( ) No
If "No," give Alien Registration Number:

*Do you owe Child Support? ( ) Yes ( ) No If yes, How Much $

(Office Use Only) IWO Received Date: __ __ / __ __ / __ __ __ __ Case ID: _____
Bi-weekly amount $ _____

In the past 18 months, have you hade any of the following?

Military Employment	_____Yes	_____No	If "Yes," please attach a copy of your DD214
Federal Civilian Employment	_____Yes	_____No	
Employed outside Fort Belknap	_____Yes	_____No	
Worker's Compensation	_____Yes	_____No	If "Yes," date of claim began: __ __ / __ __ / __ __ __ __

Are you receiving or will you receive payments presented:

Severance Pay	_____Yes	_____No	Amount: $ _____ # weeks worked _____
Pension	_____Yes	_____No	Amount: $ _____
Paid Time Off	_____Yes	_____No	Amount: $ _____ Pay Rate $ _____ Hours a week _____
Return Date: __ __ / __ __ / __ __ __ __			
Other Pay	_____Yes	_____No	Amount: $ _____

Explain what kind: _____

Are you attending school?	_____Yes	_____No	If "Yes," when was your start date: __ __ / __ __ / __ __ __ __
Are you a Union Member?	_____Yes	_____No	
Are you a Veteran?	_____Yes	_____No	
Are you self-employed?	_____Yes	_____No	
Are you on Leave of Absence?	_____Yes	_____No	If "Yes," when is your return date: __ __ / __ __ / __ __ __ __

I declare, to the best of my knowledge and belief, that these statements are true and correct.

_____ _____
Claimant's Signature Date

EMPLOYMENT INFORMATION

(Current Employer if working - or - if not working, last employer)

*Business/Program Name:	*Supervisor:	
*Address	*Your Position:	
*City:	*State:	*Zip:
Employer Phone:	Hire Date: __ __/__ __/ __ __	Last Day: __ __/ __ __/ __ __

Are you scheduled to return to work or start a new job? ( ) Yes ( ) No

If "Yes," date your scheduled to return to work: __ __/__ __/ __ __ __ __

*Was you last employment? ( ) Full time (40 hrs) ( ) Part time (less than 40 hrs) ( ) Temporary

***Type of separation:**

Laid Off:	**Resignation:**	**Termination:**	**Other:**	
( ) Seasonal	( ) Personal	( ) Absent/Tardy	( ) Suspension	( ) Medical Leave
( ) Lack of Work	( ) Health	( ) Insubordination	( ) Vacation	( )Strike/Lockout
( ) Finished Job	( ) General	( ) Drinking/Drugs	( ) Holiday	( ) Govn't Shut Down
( ) Business Closed		( ) General	( ) FMLA	( ) Working part time
			( ) Reduction from full time (40 hrs)	

List other employment in the past 18 months

Business Name:	Dates: __ __/__ __/__ __ to __ __/__ __/__ __
Business Name:	Dates: __ __/__ __/__ __ to __ __/__ __/__ __
Business Name:	Dates: __ __/__ __/__ __ to __ __/__ __/__ __

Work Search Information

1. Is there any reason you cannot accept immediate employment? (Transportation, child care, medical etc.)
   ( ) Yes ( ) No If "Yes," Reason? _____
2. Are there any hours or days you are not willing to work?
   ( ) Yes ( ) No If "Yes," what are they? _____
3. Did you work these hours or days for your last employer or within your normal occupation?
   ( ) Yes ( ) No
4. I will concentrate my work search in the following occupations:

A. _____ B. _____

Official Use Only

1. _____ Must make a minimum of one (1) employer contact per claiming week
   (This does not apply for Union workers or Jab Attached)
2. _____ Work search is waived for the following:

_____ A. Is a Union member in good standing and must apply for work according to their union rules. May be required to provide a signed statement from their business agent.

_____ B. Job Attached - May be required to provide a signed statement from employer.
Business Name: _____
Phone Number: (__ __ __) __ __ __-__ __ __ __
Anticipated Rreturn Date: __ __/__ __/__ __ __ __

_____ C. Other: _____

WORK SEARCH REQUIREMENTS

To meet the active work-search requirements of the law, you must meet the work-search requirements on this form. The following rules apply to that work-search:

1. Work contacts must be for work you are willing and qualified to do, in a location you are willing to work

2. You are required to make a minimum of one (1) work search contact each claiming week. The work search contact shall be in person unless the normal method of application is by mail, phone, online, or unles the employer contacted is more than 20 miles from the claimant's residence. The work search requirements may be waived if you are a union attached or job attached. If you have questions or you're union attached or approved training status changes, notify your Employment Office.

3. All contacts must be made with a person who has hiring authority and written application must be filed.

4. Required contacst must be within the week for which benefits are being claimed and on the days of the week that hiring is normally done.

5. The same employer(s) may not be used for required contact in any two consecutive weeks unless requested by the employer.

Althought the information on this form is confidential, other Federal or State Agencies have access to this information according to Section 1137 (a) (6) of the Social Security Act.

If ther is a change in my union, job attachment, or approved training status. I will immediately begin making one (1) employer contact each claiming week. I will inform the Fort Belknap Insurance Company on any changes relating to my unemployment benefits.

In applying for unemployment benefits, I have received the **"Guide to Your Rights and Responsibilities"** booklet and understand that I am required to read it. I understand that I must be fully or partially employed, able and available to work. I understand that I have to aggressively seek work through the Bureau of Indian Affairs and Indian Health Service and that I have to be registered with the Fort Belknap TERO Office and the Tribal Personnal Office.

I have read and understand the requirements of this application.

I understand that I am required to keep a written record of my weekly work searched.

If I fail to meet the work search requirements or make false or misleading statements, or withhold information in order to obtain benefits of which I was not entitled to will be collected immediately through reduction in present or future unemployment benefits, lease income, wages and any other means.

If I am employed, I hereby authorize payments be withheld from my wages on a bi-weekly basis beginning the next pay period upon discovery to repay benefits not entitled to me. These deductions are to be paid to: Unemployment Fund, THE FORT BELKNAP INSURNACE COMPANY, P.O. Box 146, Harlem, MT 59526. I am also in agreement to sign a wage agreement authorizing deduction from my wages for the overpayment of benefits inadvertently paid to me or benefits of which I was not entitled to receive until paid in full.

_____ _____

Claimant's Signature Date

RELEASE OF CONFIDENTIAL INFORMATION FORM

Release of Confidential Information Authorization to the Fort Belknap Insurance Company to obtain personal/medical information for the purpose of processing an unemployment claim.

Claimant's Name (Print): _____

Address: _____

(Street/P.O. Box) (City) (State) (Zip Code)

I authorize the Individual Company, or Agency shown below to disclose to the **FORT BELKNAP INSURNCE COMPANY,** the information specified below which related to my obtaining an unemployment claim for insurance benefits. I understand that any information obtained will be kept in strict confidence and will be used only for the purposes directly related to the decision of obtaining benefits. I further understand that any information obtained may be released to a proper government/tribal agnecy or Court of Law for purpose of legal and investigation actions concerning fraud.

INFORMATION SOURCE: Employer, Doctors, Hospitals, Employees, Third Parties, Fort Belknap Indian Communit

INFORMATION REQUESTED: Docotor's reports, Employer/Employee reports, Third Party reports.

_____ _____

Claimant's Signature Date

NOTARY PUBLIC

State of: _____)

County of: _____)

BE IT REMEMBERED, that on the _____day of _____, 20_____,
I the undersigned, a NORTARY PUBLIC, in and for the State and County aforementioned dis personally appear before me, _____, and is personally known to me to be the identical person who executed the within instrument of writing.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal on the day and year last hereinabove written.

_____

[Signature of Nortary]

SEAL

_____

[Title of Notary Public (if not shown in stamp)]

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_____ _____

Claimant's Signature Date

WITNESS STATEMENT

(To be used only if a Notary Public is not available in the community)

We, _____ and _____ delare that we personally know the Claimant, _____, and the they voluntarily signed this document in our presence. We are not members of Claimant's immediate family (grandparents, parents, spouse, or child) and we will not benefits financially from Claimant qualifying or receiving the benefits they are seeking from the Fort Belknap Insurance Company. We sign only for the purpose of positively identifying Claimant and certifying that we observed Claimant signing this document in our presence and that we personally know them as the individual they purport to be.

_____ _____

Witness Witness

_____ _____

Printed Name Printed Name