Department of Workforce Development Unemployment Insurance Division 201 E. Washington Avenue P.O. Box 7905 Madison, WI 53707



Tony Evers, Governor Amy Pechacek, Secretary-designee

	April 27, 2021
018559	

This letter is to notify you that you may now be eligible for Pandemic Unemployment Assistance (PUA) under updated federal policy. The Secretary of Labor recently expanded the reasons under which individuals may qualify for PUA. This change is retroactive to February 2, 2020. The three new COVID-19 qualifying reasons are bolded in the enclosed certification form.

Previously, the Department found that you did not qualify for PUA during the week(s) you filed for benefits under any of the original 11 reasons cited by Section 2102(a)(3)(A)(ii)(I) of the CARES Act.

If you are able to certify that you were out of work or working reduced hours for one of the three new COVID-19 reasons, please complete the following three steps:

- Fill out the enclosed certification form.
- Logon to <u>my.unemployment.wisconsin.gov</u> and upload the enclosed certification form in the portal within 7 days from the date it was mailed.
- Upload documentation of your employment or self-employment that occurred between the date your
  claim started and the tax year prior. You must provide this documentation within 21 days of submitting the
  enclosed certification form or benefits will be denied and an overpayment may result. Even if the
  Department has wage records from your employer, Section 241(a) of the Continued Assistance to
  Unemployed Workers Act requires documentation be submitted.

Acceptable forms of documentation include:

- Employment: paycheck stubs, earnings and leave statements showing the employer's name and address, and W-2 forms;
- Self-employment: business licenses, tax returns, business receipts, and signed affidavits from persons verifying the individual's self-employment;
- Peace Corps, AmeriCorps, and educational/religious organizations: documentation provided by the
  organization and signed affidavits from persons verifying the individual's attachment to such
  organizations;
- Proof of the planned commencement of employment: letters offering employment, statements/affidavits by individuals (with name and contact information) verifying an offer of employment;
- Proof of the planned commencement of self-employment: business licenses, written business plans, or lease agreements

If you are unable to upload these document on the portal, you may submit them by mail or fax. Mail to PUA, PO Box 7905, Madison, WI 53707, or fax to (608) 327-6193. Include a cover sheet with ATTN: PUA; your complete name and SSN, and the number of pages in the fax (excluding the cover sheet).

Please note that Lost Wages Assistance (LWA) cannot be paid in association with PUA for these new qualifying reasons.



## Pandemic Unemployment Assistance (PUA) Certification Form

another facility that is closed as a direct result of the COVID-19 public health emergency and such scho or facility care is required for me to work.    am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.    am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.    am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.    am unable to reach the job as a direct result of the COVID-19 public health emergency.    have become the breadwinner or major support for my household because the head of the household has died as a direct result of COVID-19.    am self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.    was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.    I provide services to an educational institution or educational service agency and am unemploye or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules an partial closures.    I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules an application? Yes   No   I no, what date were you first off of wor	Cla	imant Name: SSN:		
medical diagnosis.  A member of my household has been diagnosed with COVID-19.  I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.  A child or other person in my household for which I am the primary caregiver is unable to attend school another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.  I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.  I am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.  I have become the breadwinner or major support for my household because the head of the household has died as a direct result of COVID-19.  My place of employment is closed as a direct result of the COVID-19 public health emergency.  I am self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.  I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.  I provide services to an educational institution or educational service agency and am unemploy or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes	beca	because of one or more of the COVID-19 reasons listed below. Please choose any of the following		
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messages under "Profile Settings."