

**DEPARTMENT OF ECONOMIC OPPORTUNITY  
REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES**

**PLEASE PRINT YOUR INFORMATION IN BLUE OR BLACK INK ONLY FOR ALL ITEMS (on both sides of the application) AND SIGN THIS FORM.**  
Complete a Supplement for other employment you have had during the last 18 months.

1. Name: (First, Middle, Last)				*Social Security Number: (see Privacy Act Statement on back of form) _____			
1a. Other Names Used During Employment				<b>FOR OFFICE USE ONLY, DO NOT WRITE IN THE GRAY AREA BELOW</b>			
2. Local Mailing Address: Street Address: _____ Apt.# _____				EFF Date: M D Y DATE FILED: M D Y			
City: _____		State: _____	Zip: _____	Residence County: _____		CLAIM STATUS: NEW ADD'L R/O T REQUALIFY	
3. Telephone Number: _____ Alternate phone number: _____ ( ) - or ( ) -				TYPE: UC X FE CWC EB OTHER		ISSUE: (check one) UCB-13 MODS STDK METHOD	
4. Date of Birth: Month Day Year		5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	6. Height/Weight _____ / _____			<input type="checkbox"/> NO <input type="checkbox"/> YES - enter flag codes	
7. (Statistical use only) Are you of Hispanic descent? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your primary ethnic affiliation: <input type="checkbox"/> White (1) <input type="checkbox"/> American Indian or Alaskan Native (4) <input type="checkbox"/> Black or African American (2) <input type="checkbox"/> Hawaiian or Pacific Islander (5) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Information not available (6)				1. LOCAL OFFICE FIPS RES. COUNTY WDB		2. _____	
8. Identification (ID): Driver's License #: _____ State of Issuance: _____ State Identification #: _____ State of Issuance: _____ Other ID #: _____ Type of ID: _____				3. IND W/S ERP MCS		4. _____	
9. Check the number which corresponds to the highest grade you completed: 1. Did not finish High School - Highest grade completed was: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 2. High School Diploma or GED <input type="checkbox"/> 3. AA or Post Secondary Vocational/Technical Certificate of Completion <input type="checkbox"/> 4. BS/BA <input type="checkbox"/> 5. MS/MA <input type="checkbox"/> 6. Doctorate <input type="checkbox"/>				IB4 STATE/FIPS CODE _____			
11. I am a citizen of the United States. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, I am authorized to work in this country. <input type="checkbox"/> YES <input type="checkbox"/> NO				Primary DOT Code: _____ Mo. Exp. _____		Secondary DOT Code: _____ Mo. Exp. _____	
11a. Citizenship: <input type="checkbox"/> US Citizen/Nationalized <input type="checkbox"/> Lawfully Admitted Alien/Refugee <input type="checkbox"/> Cuban Entrant <input type="checkbox"/> Haitian Entrant <input type="checkbox"/> Other				Disaster Date: _____ Documentation presented: _____ TYPE: _____			
12. I hereby apply for DUA for the period beginning:				Announcement Disaster #: FL			
13. TYPE INDUSTRY OF EMPLOYER:				Primary DOT Code: _____ Mo Exp. _____ Secondary DOT Code: _____ Mo. Exp. _____			
15. Name of employer at time of disaster:				10. Are you handicapped as defined in Section 504 of the Rehabilitation Act of 1973? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer's Street Address				<b>Definition:</b> A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. <b>NOTE:</b> This information will be used for statistical purposes only; is requested on a voluntary basis; and will be kept confidential.			
City _____ County _____ State _____ Zip _____				11b. If not fluent in English, what language do you prefer to use?			
Supervisor's Name: _____ County in which worked: _____				14. Unemployment was a result of this disaster because:			
Employer's Telephone Number: _____				Dates Worked: FROM: Mo. Day Year TO: Mo. Day Year			
Salary Rate: \$ _____ Per * (*Hour, Week, Month, Year)				Occupation: _____			
Total Gross Earnings since Sunday of this week: \$ _____				Occupation or Title: _____			



REEMPLOYMENT ASSISTANCE APPLICATION  
SUPPLEMENT

35. \*Social Security Number:  
\_ \_ \_ - \_ \_ - \_ \_

36. WORK HISTORY: Complete the following in blue or black ink for the last 3 jobs you have held DURING THE PAST 18 MONTHS PRIOR to the employment you listed in item 12 of the UC310 form. Include self-employment, part-time work, military service, and employment with a government agency. Include all employers regardless of location, type of work performed, or length of job.

Next Most Recent Employer:			Employer ID # (For Office Use Only)
Employer's Street Address:			Dates Worked: FROM: _____ TO: _____
City:	State:	Zip:	Total Gross Earnings with this Employer: \$ _____
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$ _____
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number: ( ) -			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$ _____ Per: _____ (Hour, Week, Month, Year)
Explain Reason for Separation:			

Next Most Recent Employer:			Employer ID # (for Office Use Only)
Employer's Street Address:			Dates Worked: FROM: _____ TO: _____
City:	State:	Zip:	Total Gross Earnings with this Employer: \$ _____
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$ _____
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number: ( ) -			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$ _____ Per: _____ (Hour, Week, Month, Year)
Explain Reason for Separation:			

Next Most Recent Employer:			Employer ID # (For Office Use Only)
Employer's Street Address:			Dates Worked: FROM: _____ TO: _____
City:	State:	Zip:	Total Gross Earnings with this Employer: \$ _____
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$ _____
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number: ( ) -			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$ _____ Per: _____ (Hour, Week, Month, Year)
Explain Reason for Separation:			

**\*PRIVACY ACT STATEMENT**

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

DEPARTMENT OF ECONOMIC OPPORTUNITY  
REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES

I hereby claim benefits under the Florida Reemployment Assistance Law. I am not seeking benefits under any other state or Federal system. At the discretion of the department, this application for benefits may be accepted as my registration for work and employment services. I understand the Florida Reemployment Assistance Law provides penalties for knowingly making false statements for the purpose of obtaining benefits. I declare that the statements made in connection with this claim are true and correct to the best of my knowledge and belief. I understand the information is subject to verification and agree to provide such documentation as required.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Department of Economic Opportunity may e-mail me for additional information needed in determining my claim.

My E-Mail Address is: \_\_\_\_\_

I understand the Department of Economic Opportunity will maintain the confidentiality of my e-mail address pursuant to section 443.1715, Florida Statutes.

**\*PRIVACY ACT STATEMENT**

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Please mail to the following address:  
Florida Department of Economic Opportunity  
P.O. Box 5350  
Tallahassee, FL 32314-5350



REEMPLOYMENT ASSISTANCE PROGRAM  
 PO BOX 5250  
 TALLAHASSEE, FL 32314-5250

**Ron DeSantis**  
 Governor

**Ken Lawson**  
 Executive Director

**Florida Reemployment Assistance Way2Go Debit Card Fee Schedule**

Below are the Debit Card Fee schedules you have reviewed and acknowledged. Depending on the Florida Reemployment Assistance Way2Go Debit Card services you utilize, you may be responsible for these fees.

**Florida Reemployment Assistance Prepaid Card issued by Comerica**

<p>You have several options to receive your payments: direct deposit to your bank account; direct deposit to your own prepaid account; or this prepaid card.          You do not have to accept this prepaid card.          Ask about other ways to receive your funds.</p>			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 (in-network) \$1.90 (out-of-network)	N/A
ATM balance inquiry (in-network or out-of-network)			\$0 or \$0.75
Customer service (automated or live agent)			\$0.50*
Inactivity			\$0
<b>We charge 2 other types of fees. Here they are.</b>			
Card replacement (regular or expedited delivery)			\$4* or \$18.50*
Over the counter teller cash withdrawal			\$3.00*
<p>* This fee can be lower depending on how and where this card is used. See separate disclosure for ways to access your funds and balance information for no fee. You are allowed one regular card replacement for no fee per benefit period.</p> <p><b>No overdraft/credit feature</b>          Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a>.          Find details and conditions for all fees and services in the cardholder agreement.</p>			

I have reviewed the Florida Reemployment Assistance Way2Go Debit Card Fee Schedule and understand that if I choose Florida Reemployment Assistance Way2Go Debit Card as my payment method and use the above services that I will be responsible for any fees charged for those services.

Please mail to the following address:  
Florida Department of Economic Opportunity  
P.O. Box 5350  
Tallahassee, FL 32314-5350

List of all fees for Florida Reemployment Assistance Way2Go Card Prepaid Card

All Fees	Amount	Details
<b>Get Started</b>		
Card purchase	\$0	There is no fee to obtain a Card account.
<b>Spend money</b>		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or PIN number.
<b>Get Cash</b>		
ATM Withdrawal (in-network)	\$0	There is no fee for in-network ATM withdrawals conducted at Comerica and MoneyPass ATM locations. In-network refers to Comerica and MoneyPass ATM locations. In-network locations can be found at <a href="https://locations.comerica.com/">https://locations.comerica.com/</a> and <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
ATM Withdrawal (out-of-network)	\$1.90	This is our fee. "Out-of-network" refers to all ATMs outside of the MoneyPass or Comerica Bank ATM Network. You will be assessed a fee for each ATM withdrawal conducted at an out-of-network ATM. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawals (OTC)*	\$3.00	This is our fee. You are allowed one (1) withdrawal per deposit for no fee at Mastercard Member Bank or Credit Union teller windows. Each additional withdrawal will be assessed the fee.
<b>Information</b>		
Customer service (automated or live agent)*	\$0.50*	You are allowed five (5) calls to Customer Service Interactive Voice Response (IVR) or live agent for no fee each month to check your balance or hear your transaction history. Each additional call will be assessed the fee.
ATM balance inquiry (in-network)	\$0	There is no fee for ATM balance inquiries conducted at MoneyPass and Comerica Bank ATM networks.
ATM balance inquiry (out-of-network)	\$0.75	This is our fee. Each ATM balance inquiry conducted at an out-of-network ATM will be assessed a fee.
<b>Using your card outside the U.S.</b>		
International transaction fee	3%	Conversion rate is a Mastercard fee for each transaction amount conducted outside of the U.S.
<b>Other</b>		
Card replacement	\$4	You are allowed one (1) card replacement for no fee per benefit period. Each additional card replacement request will be assessed a fee. Cards are sent via regular mail. Standard delivery is 7 to 10 calendar days.
Expedited card delivery	\$14.50	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee, in addition to any applicable card replacement fee. Expedited card delivery can be expected within 3 to 5 calendar days.
Funds transfer via Interactive Voice Response (IVR-phone) or web portal	\$0.00	There is no fee for you to transfer funds from your card account to a U.S. bank account owned by you.

\* "No Fee" transactions expire at the end of each calendar month if not used.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See [fdic.gov/deposit/deposits/prepaid.html](https://fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-833-888-2780, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit [www.GoProgram.com](http://www.GoProgram.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://cfpb.gov/prepaid).

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](https://cfpb.gov/complaint).

