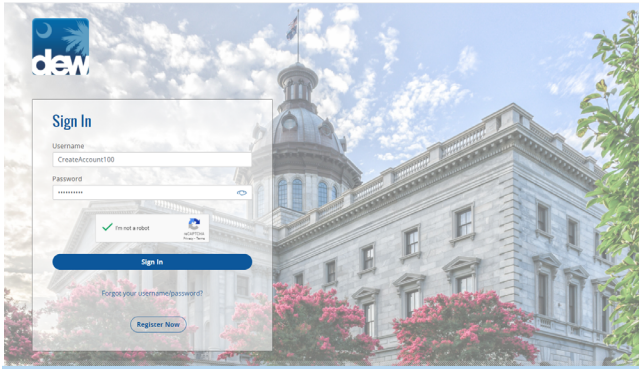


# HOW TO FILE A NEW CLAIM IN YOUR MYBENEFITS PORTAL



## Getting Started

Now that you have successfully created a new online account and registered in the system, you are ready to claim unemployment insurance benefits. If you have not registered yet, please do so now. You can follow our “How to Register” tutorial for more details.

## Update Applicant Information

Update your personal information, including name, gender, and date of birth. Only rows that have “optional” listed next to them do not need to be filled out. Click on “Next” to continue.

## Update Address

Enter your residential address and mailing address. If the same, just click on the “Same as Residential Address” box to auto-fill the address. Click on “Next” to continue.

## Address Search

Review the suggested address by the system to ensure the correct, straightforward version of the address provided is being used. Make your selection between your entered and suggest address, then click on “Select” to continue.

## Update Contact Information

Update your preferred contact information. Click on “Next” to continue.

## Update Demographics and Diversity Information

Enter your demographics and diversity information, including proof of citizenship, ethnicity, and disability or veteran status. Click on “Next” to continue.

## Starting Your Claim

On the Welcome page, click on the link that says, “File a New Unemployment Insurance Claim” under the Action Required box on the left-hand side.

## Checklist

Read through the Before You Start Checklist to ensure that you have everything you need to complete the following pages. Read the Privacy section and check the box at the end to acknowledge your agreement with the statement. Click on “Next” to continue.

**FILE CLAIM**

**Address**

**Residential Address**  Same as Residential Address

**Mailing Address**

Country: USA  
 Address Line 1: 1605 SACRAMENTO ST  
 Address Line 2 (Optional):  
 City: Columbia  
 State: South Carolina Zip: 29001-2713  
 Closest Employment Services Office: Columbia

## Address

Make sure you fill out your residential address and mailing address, if different. If the same, just click on the “Same as Residential Address” box to auto-fill the address. Click on “Next” to continue.

**FILE CLAIM**

**Eligibility Questions**

Indicate from what location you are filing your claim: [Dropdown]

Have you applied for or are you receiving unemployment benefits from another state other than SC?  Yes  No

Has all of your employment been in a state other than SC since 04/20/2020?  Yes  No

Have you served in the Military since 10/20/2019?  Yes  No

Have you been employed as a civilian by the Federal Government since 10/20/2019?  Yes  No

Have you worked for a school or educational institution since 04/20/2020?  Yes  No

Have you worked for a professional athletics organization since 04/20/2020?  Yes  No

Are you an elected official?  Yes  No

**Saving your info**  
 The information you have provided on previous screens will be saved upon selecting the "Next" button.

## Eligibility Questions

On this Eligibility Questions page, answer all of the questions listed. Click “Next” to continue.

**FILE CLAIM**

**Able And Available Questions**

Are you currently self-employed or do you earn income on a commission basis?  Yes  No

Do you have any known medical condition that prevents you from being mentally and physically able to perform work in a job that you have experience or training?  Yes  No

Are you currently enrolled in school or in training?  Yes  No

Are you available for full-time work?  Yes  No

**Saving your info**  
 The information you have provided on previous screens will be saved upon selecting the "Next" button.  
 Information on current screen will not be saved unless you select "Next".

## Able and Available

Select your yes or no answers to the Able and Available Questions. Click “Next” to continue.

**FILE CLAIM**

**Employment Details**

Now we need to collect information about all work you performed in the last two years (24 months). Follow these four steps to provide the information we need.

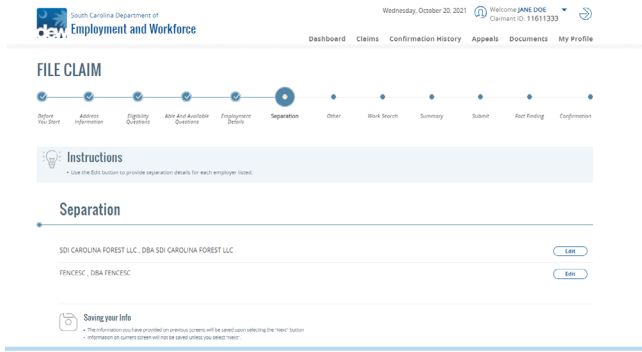
- Review the Employer Details below. Check to make sure the employer you worked for is in the box you plan to claim.
- Enter your dates of employment with each employer, and mark whether you worked full-time or part-time.
- Click the Add New Employment button to add any missing employment. Be sure to include any self-employment, employment in another state, or military or federal government employment that occurred in the last two years.
- Remove any employer you did not work for in the last two years by selecting "Did Not Work for Employer".
- Click "Next" to save your information and move on to questions about your previous employment.

EMPLOYER NAME	DOING BUSINESS AS	TYPE OF EMPLOYMENT	DATES OF EMPLOYMENT	DID NOT WORK FOR EMPLOYER
RENESC	RENESC	<input type="radio"/> Part-Time <input type="radio"/> Full-Time	mm/yy/yyyy to mm/yy/yyyy	Did Not Work for Employer
SDI CAROLINA FOREST LLC	SDI CAROLINA FOREST LLC	<input type="radio"/> Part-Time <input type="radio"/> Full-Time	mm/yy/yyyy to mm/yy/yyyy	Did Not Work for Employer

**Saving your info**  
 The information you have provided on previous screens will be saved upon selecting the "Next" button.  
 Information on current screen will not be saved unless you select "Next".

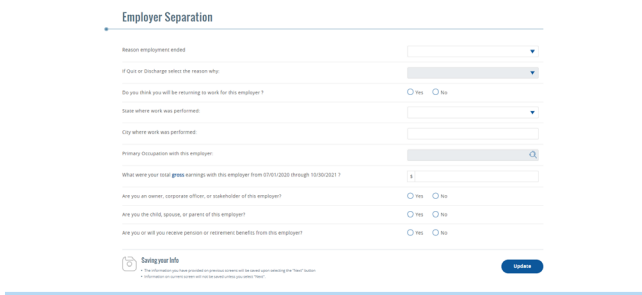
## Employment Details

Read the instructions carefully. Your employment details should be accurate in the box provided. Click “Next” to continue.



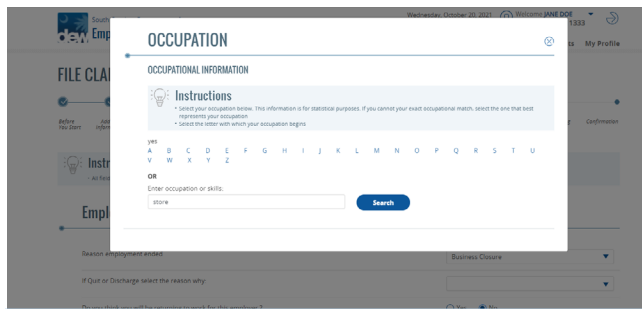
## Employer Separation

Review the employers that you have recently separated from. Click on “Edit” to make any changes to each employer.



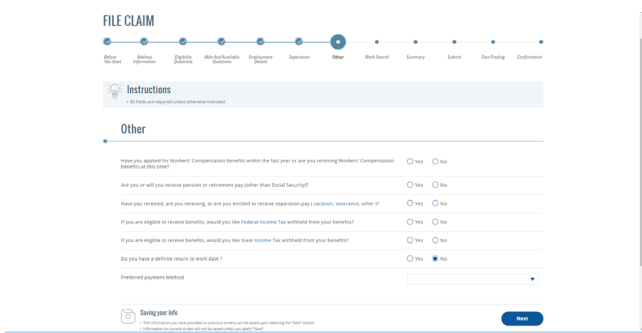
## Editing Employer Separation

Answer each row with the correct responses. Click on “Next” to continue.



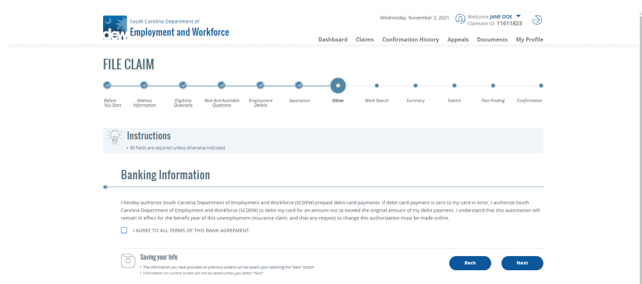
## Occupation

You can select your occupation type by either clicking on the first letter that the job starts with or by typing your occupation or relevant job skill in the search box to select the right occupation. Once chosen, click on “Select.”



## Other

Select your yes or no answers to the questions provided, along with your preferred payment method. Remember that you can click on any blue hyperlinked words to learn about the topic. Click “Next” to continue.



## Bank Agreement

Read the Banking Information section and check the box at the end to acknowledge your agreement with the statement. Click “Next” to continue.

South Carolina Department of Employment and Workforce  
 Wednesday, October 20, 2021 | Welcome JANE DOE | Claimant ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

**FILE CLAIM**

Before the Start Address Information Eligibility Questionnaire Ask and Answer Questions Employment Details Separation Other **Work Search** Summary Submit Post Filing Confirmation

**Instructions**  
 \* All fields are required unless otherwise indicated.

**Banking Information**

I hereby authorize South Carolina Department of Employment and Workforce (SCDOW) to initiate automatic deposits to my account at the financial institution named below. I also authorize South Carolina Department of Employment and Workforce (SCDOW) to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree South Carolina Department of Employment and Workforce (SCDOW) has to hold responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Because you have selected "Direct Deposit," we will make an attempt to connect to your bank. You will notice a charge for \$0 from SC Department of Employment and Workforce. This is a verification that your bank account has been connected to your account.

Name of Financial Institution (optional):

Financial Institution Routing #:

Account Number:

Account Type:  
 Checking  Savings

I AGREE THAT THE DIRECT DEPOSIT INFORMATION IS CORRECT.  
 I AGREE TO ALL TERMS OF THIS BANK AGREEMENT.

## Banking Information

Enter your banking information, including routing and account number. Please select the correct account type and check the boxes to affirm your direct deposit information is correct and agree with the terms of the bank agreement. Click "Next" to continue.

South Carolina Department of Employment and Workforce  
 Wednesday, October 20, 2021 | Welcome JANE DOE | Claimant ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

**FILE CLAIM**

Before the Start Address Information Eligibility Questionnaire Ask and Answer Questions Employment Details Separation Other **Work Search** Summary Submit Post Filing Confirmation

**Instructions**  
 \* All fields are required unless otherwise indicated.

**Work Search**

What is your lowest rate of pay you will accept for the type of work you are seeking? \$  Hour

Are tools, license or permits required for the work you are seeking?  Yes  No

**Saving your info**  
 \* The information you have provided on previous screens will be saved upon selecting the "Next" button.  
 \* Information on current screen will not be saved unless you select "Next".

[Back](#) [Next](#)

## Work Search

Provide your lowest rate of pay and select a unit of pay from the dropdown menu. Answer the tools, license, and permits question. Click "Next" to continue.

South Carolina Department of Employment and Workforce  
 Wednesday, October 20, 2021 | Welcome JANE DOE | Claimant ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

**FILE CLAIM**

Before the Start Address Information Eligibility Questionnaire Ask and Answer Questions Employment Details Separation Other **Work Search** Summary Submit Post Filing Confirmation

**Instructions**  
 \* All fields are required unless otherwise indicated.

**Military / Veteran Information**

Are you a veteran?  Yes  No

Is your spouse a veteran?  Yes  No

**Job Suitability**

Have you worked on a farm?  Yes  No

Have you worked in a food processing plant?  Yes  No

**Identification**

Do you have a valid SC driver's license?  Yes  No

Please provide your driver's license number as it appears on your driver's license:

Please provide your weight as it appears on your driver's license:

If Yes, please answer the following:

Driver's license class: (select all that apply)

A  C  M Motorcycle  
 D  D Regular Operator License

Commercial driver's license classes: (select all that apply)

Hazmat  Tank  Passenger  
 Double Triple  Hazardous Tank  None

Commercial driver's license restrictions: (select all that apply)

Airbrakes  School Bus  Class A Except Bus  
 None  Class A Except Tractor Trailer Double

Do you have State Identification Card issued by SCDHE?  Yes  No

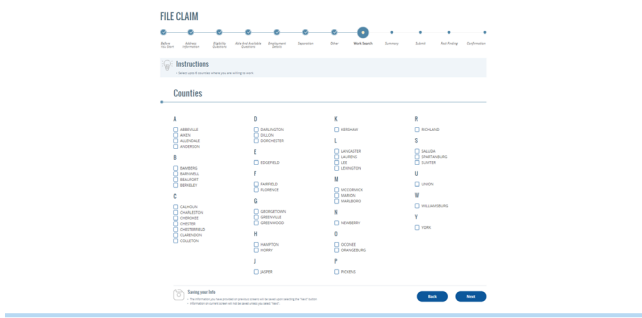
If yes, Please Provide you State Identification number:

**Saving your info**  
 \* The information you have provided on previous screens will be saved upon selecting the "Next" button.  
 \* Information on current screen will not be saved unless you select "Next".

[Back](#) [Next](#)

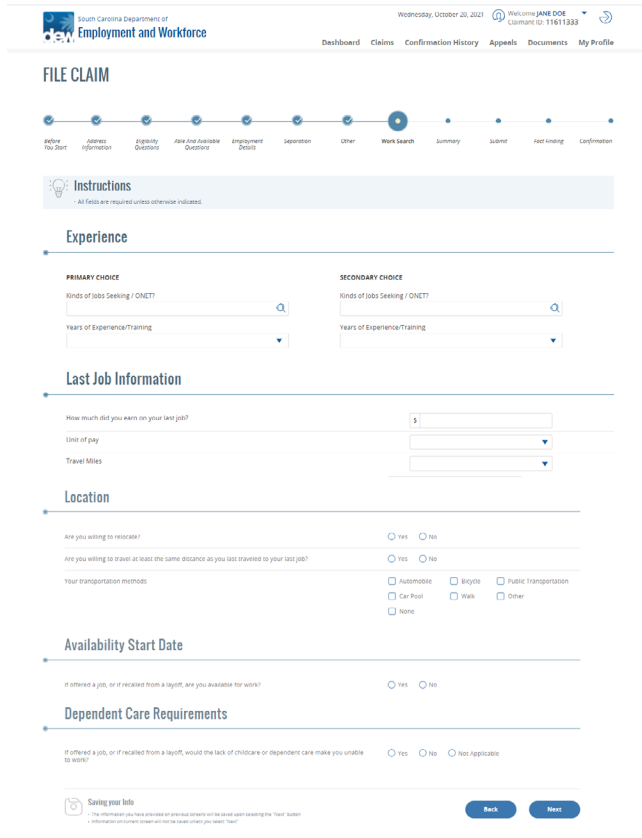
## Additional Information

Please provide your answers to the questions listed in the Military/Veteran Information, Job Suitability, and Identification sections. Click "Next" to continue.



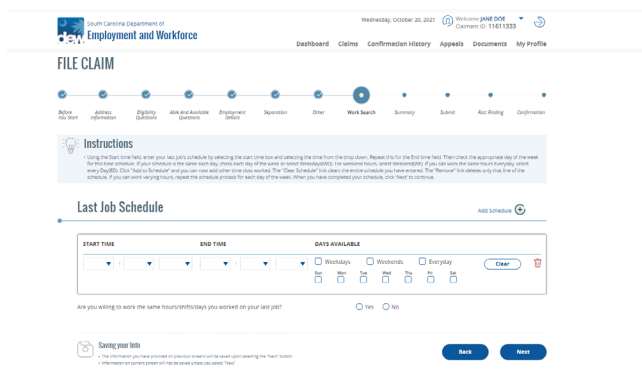
## Counties

Select the county you are able to work in from the list. Up to 6 counties can be selected. Click “Next” to continue.



## Experience

Under the Experience section, select the primary choice of jobs you are seeking. Click on the magnifying glass at the end of the response box. An Occupation box will appear. You can either click on the first letter that the jobs you are seeking starts with or type your occupation (or relevant job skill) in the search box to select the right occupation. Once chosen, click on “Select.” Your choice should now be visible in the response box under Primary Choice. Select how many years of training you have in the dropdown menu. Do the same actions for the Secondary Choice questions. Answer the Last Job Information section with the correct information. Continue providing your responses for the Location, Availability Start Date, and Dependent Care Requirements sections. Please do not leave any section unanswered. Once completed, click “Next” to continue.



## Job Schedule

Use the dropdown menus and checkboxes to provide your Last Job Schedule. Make sure to read the instructions at the top of the page for more details. Don’t forget to answer the question at the end before you click “Next” to continue.

South Carolina Department of Employment and Workforce | Dashboard | Claims | Confirmation History | Appeals | Documents | My Profile

Wednesday, November 4, 2021 | USERNAME: JANE DOE | Duration: 0:11:11:23

### FILE CLAIM

Next Step: Applicant Information

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#### Applicant Information

DATE OF BIRTH: 04/18/1984 | OTHER LAST NAME (DOB): JANE  
 FIRST NAME: JANE | OTHER LAST NAME (DOB): JANE  
 LAST NAME: DOE | OTHER LAST NAME (DOB): JANE  
 MIDDLE INITIAL: NONE | GENDER: FEMALE  
 SOCIAL SECURITY NUMBER: 123-45-6789 | DRIVER LICENSE NUMBER: 1234567890 | PREFERRED PAYMENT METHOD: Direct Card

IF YOU ARE ELIGIBLE TO RECEIVE BENEFITS, WOULD YOU LIKE US TO SEND YOU A LETTER FROM YOUR BENEFITS? No  
 IF YOU ARE ELIGIBLE TO RECEIVE BENEFITS, WOULD YOU LIKE US TO SEND YOU A LETTER FROM YOUR BENEFITS? No

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#### Residential Address

USA | 100 GARDEN ST | Columbia, SC, 29201

#### Mailing Address

USA | 100 GARDEN ST | Columbia, South Carolina, 29201

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#### Contact Information

PRIMARY PHONE: 555-555-5555 | ALTERNATE PHONE: 555-555-5555  
 FAX: NONE | FAX NUMBER: NONE  
 CELL PHONE: NONE | PREFERRED CONTACT METHOD: Text  
 EMAIL ADDRESS: johndoe@jane.com

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#### Demographics

U.S. CITIZEN: Yes | ETHNICITY: Not Hispanic or Latino  
 DO YOU NEED AN INTERPRETER: No | RACE: White  
 PREFERRED LANGUAGE: English | DISABLED: No  
 EDUCATION LEVEL: ASSOCIATE'S DEGREE | VETERAN: No

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#### Eligibility Questions

HAVE YOU WORKED FOR A SCHOOL OR EDUCATIONAL INSTITUTION SINCE 08/01/2020? No  
 HAVE YOU WORKED FOR A PROFESSIONAL, ATHLETICS OR ORGANIZATION SINCE 08/01/2020? No  
 ARE YOU AN ELECTED OFFICIAL? No

---

#### Able and Available

ARE YOU CURRENTLY OR EMPLOYED OR DO YOU HAVE PENDING OR A CONTINGENT OFFER? No  
 ARE YOU CURRENTLY ENROLLED IN SCHOOL OR IN TRAINING? No  
 DO YOU HAVE A PLAN TO RECEIVE UNEMPLOYMENT BENEFITS FROM ANOTHER STATE OTHER THAN SC? No  
 ARE YOU AVAILABLE FOR FULL-TIME WORK? Yes

---

#### Employment Details

EMPLOYER NAME	ADDRESS	DATES OF EMPLOYMENT	TYPE OF EMPLOYMENT
101 CAROLINA FOREST LLC, DBA 101 CAROLINA FOREST LLC	649 N. ACADEMY ST GREENVILLE SC, 29601	08/01/2020 - 10/31/2020	Part Time
FENCESC, DBA FENCESC	5121 ANGLECK CIRCLE AVENTONAM SC, 29429	01/01/2020 - 08/31/2020	Full Time

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#### Separation - Regular

EMPLOYER NAME: 101 CAROLINA FOREST LLC, DBA 101 CAROLINA FOREST LLC | CITY WHERE WORK WAS PERFORMED: Columbia  
 REASON EMPLOYMENT ENDED: Business Closure | PRIMARY OCCUPATION WITH THIS EMPLOYER: 30000.0  
 IF YOU TRAVEL TO WORK, HOW MANY MILES WILL YOU TRAVEL TO WORK EACH WEEK? 30000.0  
 IF YOU TRAVEL TO WORK, HOW MANY MILES WILL YOU TRAVEL TO WORK EACH WEEK? 30000.0

---

#### Other Separation

HAVE YOU APPLIED FOR WORKERS' COMPENSATION BENEFITS WITHIN THE LAST YEAR OR ARE YOU RECEIVING BENEFITS? No  
 DO YOU HAVE A DEFERRED RETURN TO WORK DATE OR WILL YOU START A NEW JOB OR EMPLOYER WITHIN 90 DAYS OF YOUR SEPARATION? No  
 ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS FROM ANOTHER STATE OTHER THAN SC? No  
 IF YOU TRAVEL TO WORK, HOW MANY MILES WILL YOU TRAVEL TO WORK EACH WEEK? 30000.0  
 IF YOU TRAVEL TO WORK, HOW MANY MILES WILL YOU TRAVEL TO WORK EACH WEEK? 30000.0

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#### Work Search

WHAT IS YOUR LOWEST RATE OF PAY YOU WILL ACCEPT FOR THE TYPE OF WORK YOU ARE SEEKING? \$15.00 per Hour  
 ARE TOOLS, LICENSES, OR PERMITS REQUIRED FOR THE WORK YOU ARE SEEKING? No  
 IF YES, DO YOU HAVE THE REQUIRED TOOLS, LICENSES, OR PERMITS TO PERFORM THE WORK YOU ARE SEEKING? No

---

#### Military/Veteran Information

ARE YOU A VETERAN? No  
 HAVE YOU WORKED IN A FOOD PROCESSING PLANT? No  
 IS YOUR SPOUSE A VETERAN? No  
 DO YOU SERVE AT LEAST HALF OF YOUR LAST 12 MONTHS IN FOOD PROCESSING? No  
 IS YOUR SPOUSE A DISCHARGED VETERAN WHO HAD A 70% DISABILITY? No  
 WERE YOU EMPLOYED ALL YEAR IN FOOD PROCESSING? No  
 IS YOUR SPOUSE A SERVICE MEMBER WHO IS A 10% OR MORE DISABLED? No  
 DO YOU TRAVEL TO WORK? No  
 DO YOU TRAVEL TO WORK AT LEAST 25 MILES IN FOOD PROCESSING? No  
 DO YOU HAVE A VALID SC DRIVER LICENSE? No  
 PLEASE PROVIDE YOUR DRIVER LICENSE NUMBER AS IT APPEARS ON YOUR DRIVER'S LICENSE  
 PLEASE PROVIDE YOUR LICENSE TYPE  
 DRIVER LICENSE CLASS: No  
 COMMERCIAL DRIVER LICENSE CLASS: No  
 COMMERCIAL DRIVER LICENSE RESTRICTIONS: No  
 DO YOU HAVE STATE IDENTIFICATION CARD ISSUED BY SCDMV? No

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#### Job Suitability Counties

SELECT UP TO 5 COUNTIES WHERE YOU ARE WILLING TO WORK | IOWA AND IOWA

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#### Job Suitability Experience

PRIMARY CHOICE: Getting Change Persons and Booth | YEARS OF TRAINING: Greater than one year  
 SECONDARY CHOICE: Machine | YEARS OF TRAINING: Greater than one year  
 YEARS OF EXPERIENCE: Greater than one year  
 TRAVEL MILES: 0-50  
 LOCATION: No  
 IF OFFERED A JOB, OR IF RECALLED FROM A LAYOFF, ARE YOU AVAILABLE FOR WORK? Yes  
 IF OFFERED A JOB, OR IF RECALLED FROM A LAYOFF, WOULD THE LACK OF CHILD CARE OR DEPENDENT CARE MAKE YOU UNABLE TO WORK? No

---

#### Job And Availability Schedule

AVAILABLE TIME (START TIME - END TIME): 1:00 - 1:00  
 AVAILABLE DAYS: Monday, Tuesday, Wednesday, Thursday, Friday  
 ARE YOU WILLING TO WORK THE SAME HOURS/SCHEDULES YOU WORKED ON YOUR LAST JOB? Yes  
 Once you have reviewed all of the information, click the Next button below.

Next Step: Job And Availability Schedule

## Summary

All of the responses that you have provided thus far are listed on this Summary page. Please review the information and make sure everything is correct, from Applicant Information at the start through the Job Schedule at the end. Once verified, click "Next" to continue.

**Submit**

CLAIM EFFECTIVE DATE: 10/20/2021

**WARNING: Submitting a claim.** This must have the information supplied in the handbook to fully understand your own filing responsibilities. You may print this handbook at any time.

**PROVIDE YOUR INFORMATION**

**Warning!**  
**Penalties and consequences for providing false information**  
 Individuals who provide false information to the state are subject to a fine of up to \$10,000 and/or imprisonment for up to 1 year.

**DOCUMENTS WE NEED FROM YOU**

**Reminder**  
 If you were advised to provide additional documentation and you have not done so, your claim will be closed. You may re-open your claim by providing the required documentation. Failure to provide the documents may result in denial of benefits.

**BEHIND SCHEDULE INFORMATION**  
 Your claim will only be considered as submitted in the South Carolina Department of Employment and Workforce system.

**Terms and Conditions**

**ACKNOWLEDGEMENTS**

I acknowledge that all information that I provided is true and accurate.

I understand there are penalties for false information.

I agree to the responsibilities stated under the South Carolina Unemployment Handbook and understand that failure to understand the handbook is not an excuse to prevent being eligible for benefits if I do not meet the requirements.

OK Next Submit

## Submit

Review the fraud warning, reminders, and additional information listed on this page. Check all three boxes at the end to acknowledge your agreement with the terms and conditions. Then click on "Submit." You will receive a confirmation number attesting to the successful submission of your claim.