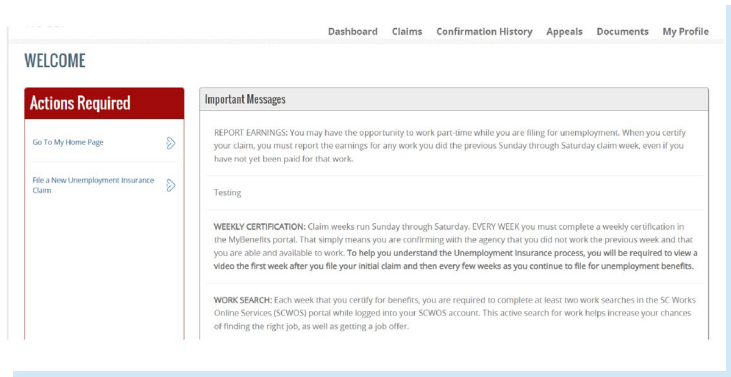


**FOR ASSISTANCE, PLEASE CALL TELCLAIM:
(866) 831-1724**

In order to be considered for an agreed upon payment agreement you must meet the following criteria:

- 1. NOT currently filing unemployment insurance (UI),**
- 2. NOT currently in a wage withholding status,**
- 3. No more than ONE defaulted payment agreement in the past.**

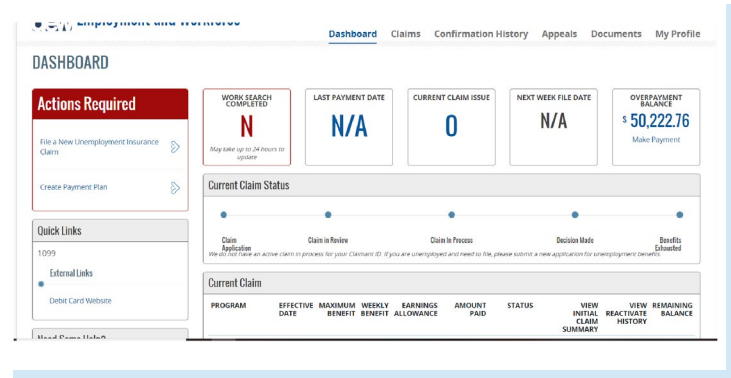
Visit <https://dew.sc.gov/individuals/how-unemployment-insurance-works/overpayments> for more information.



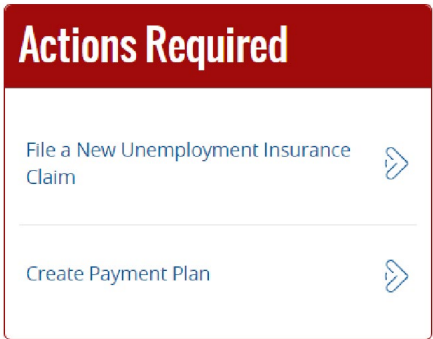
- 1. LOG ON TO [HTTPS://SCUIHUB.DEW.SC.GOV/CSS/CSSLOGIN.HTM](https://scuihub.dew.sc.gov/css/csslogin.htm), BY ENTERING YOUR USERNAME AND PASSWORD.**

CHECK THE “I’M NOT A ROBOT” BOX AND VERIFY, THEN CLICK LOGIN.

ON THE WELCOME PAGE, CLICK THE DASHBOARD TAB LOCATED AT THE TOP LEFT. YOU CAN ALSO CLICK ON THE GO TO MY HOME PAGE LINK LOCATED UNDER ACTIONS REQUIRED.



- 2. ON YOUR DASHBOARD, YOU CAN LOCATE YOUR OVERPAYMENT BALANCE IN A BOX ON THE FAR RIGHT.**



- 3. TO SETUP A PAYMENT PLAN CLICK THE CREATE PAYMENT PLAN LINK LOCATED UNDER ACTIONS REQUIRED ON THE LEFT.**

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4. ONCE YOU CLICK THE CREATE PAYMENT PLAN LINK, YOU WILL BE TAKEN TO THE PAYMENT PLAN SCREEN WHICH WILL DISPLAY THE FOLLOWING FIELDS:

- **INITIAL OVERPAYMENT** (PRE-FILLED)
- **CURRENT BALANCE** (PRE-FILLED)
- **PENALTY** (33% PENALTY FOR FRAUD)
- **INTEREST**
- **AUTHORIZATION DATE**
(DATE AGREEMENT WAS SUBMITTED)

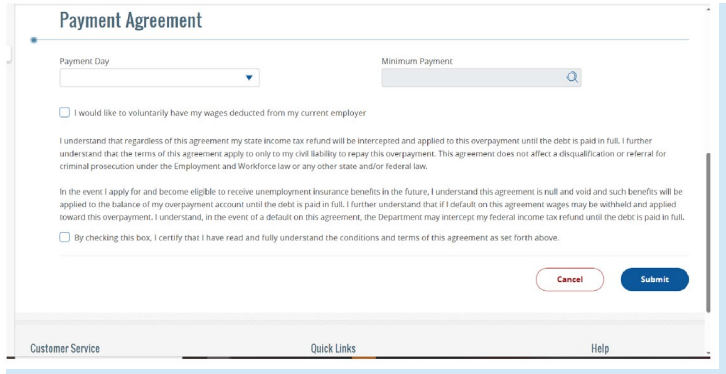
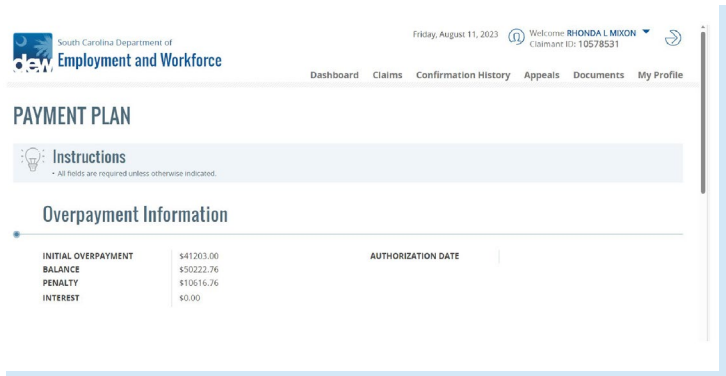
***IN ORDER TO PREVENT FUTURE COLLECTION ACTIVITY YOU MUST BE IN A CURRENT AND ACTIVE PAYMENT AGREEMENT.**

5. ON THE PAYMENT PLAN SCREEN, SCROLL DOWN UNTIL YOU SEE PAYMENT AGREEMENT WHICH WILL DISPLAY THE FOLLOWING FIELDS:

- **PAYMENT DATE** (DUE DATE (1ST-25TH ONLY) THAT YOU WOULD LIKE YOUR PAYMENT DUE EACH MONTH)

– 1ST PAYMENT MUST BE MADE WITHIN 30 DAYS OF PAYMENT PLAN REQUEST AND EVERY 30 DAYS FROM THE DATE OF THE LAST PAYMENT THEREAFTER)

- **MINIMUM PAYMENT**
– FIELD IS BLANK, SO YOU WILL NEED TO **CLICK ON THE MAGNIFYING GLASS LOCATED ON THE LEFT** FOR YOUR PAYMENT OPTIONS.





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• EFT (ELECTRONIC FUNDS TRANSFER)

- **OPTIONAL**
(CONTACT SC DEW DIRECTLY FOR THIS PAYMENT AGREEMENT).
- **NOTE:** YOU'LL ONLY BE ABLE TO **WITHDRAW TWICE A MONTH** ON THE 1ST AND/OR 16TH.
- **NOTE: REQUIRED PAYMENT AGREEMENT WILL BE MAILED** FOR EXECUTION AND WILL REQUIRE THE RETURN OF A VOIDED CHECK OR LETTER ON BANK LETTERHEAD WITH YOUR **ROUTING AND ACCOUNT NUMBER** PROVIDED.

• VOLUNTARY WAGE DEDUCTION STATEMENT

- **OPTIONAL**
(ONLY CHECK THIS BOX IF YOU WOULD LIKE TO HAVE YOUR PAYMENT DEDUCTED FROM YOUR PAYCHECK).
 - **EMPLOYER MUST AGREE**
 - I would like to voluntarily have my wages deducted from my current employer
 - **PAYMENTS WILL BE DEDUCTED PER PAY PERIOD BY YOUR EMPLOYER**
 - **YOU MUST PROVIDE THE FOLLOWING INFORMATION TO US:**
- 1. CONTACT PERSON (EMPLOYER CONTACT)**
 - 2. TITLE**
 - 3. PHONE NUMBER (EMPLOYER CONTACT)**
 - 4. EMAIL (EMPLOYER CONTACT EMAIL)**
 - 5. NAME OF EMPLOYER**
 - 6. ADDRESS 1 (MAILING)**
 - 7. ADDRESS 2 (PHYSICAL)**
 - 8. CITY**
 - 9. STATE**
 - 10. ZIP CODE**

Payment Agreement

Payment Day: [dropdown] Minimum Payment: [input]

I would like to voluntarily have my wages deducted from my current employer

I understand that regardless of this agreement my state income tax refund will be intercepted and applied to this overpayment until the debt is paid in full. I further understand that the terms of this agreement apply to only to my civil liability to repay this overpayment. This agreement does not affect a disqualification or referral for criminal prosecution under the Employment and Workforce law or any other state and/or federal law.

In the event I apply for and become eligible to receive unemployment insurance benefits in the future, I understand this agreement is null and void and such benefits will be applied to the balance of my overpayment account until the debt is paid in full. I further understand that if I default on this agreement wages may be withheld and applied toward this overpayment. I understand, in the event of a default on this agreement, the Department may intercept my federal income tax refund until the debt is paid in full.

By checking this box, I certify that I have read and fully understand the conditions and terms of this agreement as set forth above.

[Cancel] [Submit]

Customer Service Quick Links Help

Contact Person: [input]
Title: [input]
Phone Number: [input]
Email (Optional): [input]

Name of Employer: [input]

Address 1: [input]
Address 2 (Optional): [input]
City: [input]
State: [dropdown] Zip Code: [input]

FOR ASSISTANCE, PLEASE CALL TELCLAIM:
(866) 831-1724

6. READ THE TERMS AND CONDITIONS.
7. CHECK THE BOX TO CERTIFY THAT YOU HAVE READ AND AGREED TO THE TERMS.
8. CLICK SUBMIT OR CANCEL.

- **SUBMIT**

- THIS WILL SUBMIT THE REQUEST FOR PAYMENT AGREEMENT APPROVAL TO DEW.

- **CANCEL**

- THIS WILL CANCEL YOUR PAYMENT AGREEMENT REQUEST AND DEW WILL NOT BE NOTIFIED OF A REQUEST FOR A PAYMENT PLAN.

9. IF YOUR PAYMENT AGREEMENT HAS BEEN SUCCESSFULLY SUBMITTED, YOU WILL RECEIVE THE FOLLOWING:

- *“YOUR PAYMENT AGREEMENT HAS BEEN SUBMITTED! ONCE THE PAYMENT AGREEMENT IS PROCESSED AND CONFIRMED YOU WILL SEE THE CHANGE ON THE FOLLOWING BILL.”*


10. **CLICK CONTINUE.** YOU WILL BE REDIRECTED BACK TO THE HOME PAGE.

I understand that regardless of this agreement my state income tax refund will be intercepted and applied to this overpayment until the debt is paid in full. I further understand that the terms of this agreement apply to only to my civil liability to repay this overpayment. This agreement does not affect a disqualification or referral for criminal prosecution under the Employment and Workforce law or any other state and/or federal law.

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By checking this box, I certify that I have read and fully understand the conditions and terms of this agreement as set forth above.

[Cancel](#) [Submit](#)

 South Carolina Department of
Employment and Workforce

Monday, August 14, 2023 (1) Welcome ROBERT W MARTINEZ, JR
Claimant ID: 11291208

[Dashboard](#) [Claims](#) [Confirmation History](#) [Appeals](#) [Documents](#) [My Profile](#)

Your Payment Agreement has been submitted!
Once the Payment Agreement is processed and confirmed you will see the change on the following bill.

[Continue](#)



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NOTE: As long as you meet payment agreement criteria and your payment agreement is equal to the required minimum payment listed, or within the below parameters, your payment plan will be approved.

DEW must receive the required minimum payment every 30 days or your agreement may default and all collection efforts will resume.

COLLECTIONS PAYMENT PLAN

MINIMUM OVERPAYMENT	MAXIMUM OVERPAYMENT	PAYMENT PERIOD	MINIMUM MONTHLY PAYMENT
\$1	\$500	12 months or less	\$50
\$501	\$750	12 months or less	\$70
\$751	\$1,125	24 months or less	\$50
\$1,126	\$1,700	24 months or less	\$80
\$1,701	\$3,000	36 months or less	\$90
\$3,001	\$5,500	36 months or less	\$160
\$5,501	\$9,000	36 months or less	\$250
\$9,001	\$16,000	48 months or less	\$350
\$16,001	HIGHER	48 months or less	FIXED

PAYMENT PLANS MAY NOT PREVENT TAX INTERCEPTIONS.