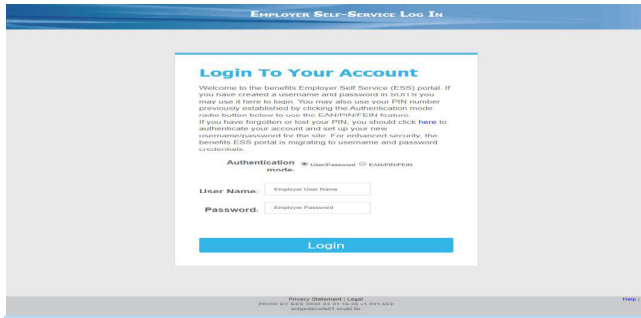
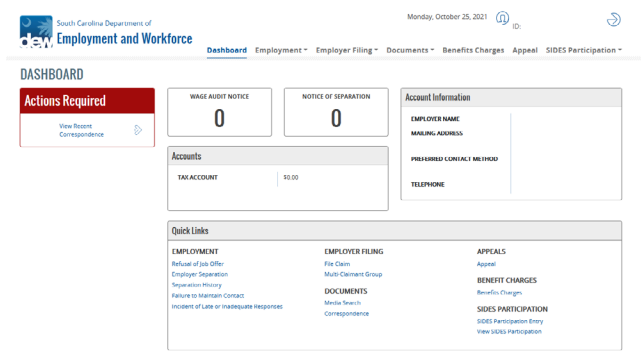


# HOW TO MAKE CORRECTIONS TO FIELDS OF THE EMPLOYER FILED CLAIMS PROCESS



This guide will instruct employer's on how to make corrections to the following fields of the Employer Filed Claims Process.

- Hours
- Gross Earnings
- Vacation Pay
- Holiday Pay
- Bonus Pay



Login to the Benefits-Employer Self Service (ESS) portal. The system will navigate the employer to the Employer Homepage.

Click the Multi-Claimant Group hyperlink in the Benefit Information section.



The system will navigate to the Multi Claimant Group screen:

- Select the radio button next to the group of the group that contains the information that needs correction.
- Click the "View List" button.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number:

First Name:  MI (Optional):  Last Name:

Date of Birth:  Gender:

Race:  Ethnicity:

Phone Number (Optional):  U.S. Citizen:

Alien Registration:  Alien Registration Expiration Date:

**ELIGIBILITY QUESTIONS**

Hours Worked:  Gross Earning for the week of 10/17/2021 - 10/23/2021:

Holiday pay (Optional):  Vacation pay (Optional):

Bonus Pay (Optional):  Bonus Type (Optional):

Has the claimant applied for or received any disability payments?  Yes  No

Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

Searching For Employees

The system will navigate to the Employee List Screen where the employer will see the data entry fields.

From this screen, there are two options to search for an employee.

- Social Security Number (Recommended)
  - From the Employee List Screen enter the Social Security Number of the Employee whose information needs to be updated. Click "Search".
  - The system will return the results that SCUBI currently has on file.

Added Employees

Select a letter to display names starting with that letter

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

SSN	LAST NAME	FIRST NAME	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	ZIP	RETURN TO WORK DATE	STATUS
<input checked="" type="radio"/> 111-11-1111	DIGGS	BOBBY	4021 PERCIVAL RD	APT 1632	COLUMBIA	SC	29229		Pending
<input type="radio"/> 111-11-1116	DIGGS	MICHAEL	4026 PERCIVAL RD		COLUMBIA	SC	29229		Pending
<input type="radio"/> 111-11-1112	DIGGS	DEVINE	4032 PERCIVAL RD		COLUMBIA	SC	29229		Pending
<input type="radio"/> 111-11-1114	HILL	JUSTIN	4024 PERCIVAL RD		COLUMBIA	SC	29229		Pending
<input type="radio"/> 111-11-1115	DIGGS	JOE	4025 PERCIVAL RD		COLUMBIA	SC	29229		Pending
<input type="radio"/> 111-11-1113	CARMICHAEL	HARRY	4023 PERCIVAL RD		COLUMBIA	SC	29229		Pending

- Employee List
  - Locate the employee on the list then select the radio button next to the employee then click "Update".
  - The system will return the results that SCUBI currently has on file.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number: 111-11-1111

First Name: BOBBY MI (Optional): DIGGS Last Name: DIGGS

Date of Birth: 07/03/1974 Gender: Male

Race: American Indian/Alaska Native Ethnicity: Not Hispanic or Latino

Phone Number (Optional): 8037372400 U.S. Citizen: YES

Alien Registration:  Alien Registration Expiration Date:

**ADDRESS**

Address Line 1: 4021 PERCIVAL RD

Address Line 2 (Optional): APT 1632

City: COLUMBIA

State: South Carolina Zip Code: 29229

County: RICHLAND

**ELIGIBILITY QUESTIONS**

Hours Worked: 10 Gross Earning for the week of 10/17/2021 - 10/23/2021: 100.00

Holiday pay (Optional): 0.00 Vacation pay (Optional): 100.00

Bonus Pay (Optional): 500.00 Bonus Type (Optional): Stay

Start Date: 03/09/2019 Last Day Worked (if different from group):

Override (Optional):  Return to Work Date (if different from group):

Has the claimant applied for or received any disability payments?  Yes  No

Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

Updating Hours Worked and/or Gross Earnings:

Follow steps 1 through 4 to locate the employee.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number: 111-11-1111

First Name: [ ] MI (Optional): [ ] Last Name: [ ]

DOB: 01/03/1974 Gender: Male

Race: American Indian/Alaska Native Ethnicity: Not Hispanic or Latino

Phone Number (Optional): 8037372400 U.S. Citizen: YES

Alien Registration: [ ] Alien Registration Expiration Date: mm/dd/yyyy

**ADDRESS**

Address Line 1: 4021 PERCIVAL RD

Address Line 2 (Optional): APT 1632

City: COLUMBIA

State: South Carolina Zip Code: 29229

County: RICHLAND

**ELIGIBILITY QUESTIONS**

Hours Worked: 0 Gross Earning for the week of 10/17/2021 - 10/23/2021: 0

Start Date: 03/09/2019 Last Day Worked (if different from group): mm/dd/yyyy

Holiday pay (Optional): 0.00 Vacation pay (Optional): 100.00

Override (Optional): [ ] Return to Work Date (if different from group): mm/dd/yyyy

Bonus Pay (Optional): 500.00 Bonus Type (Optional): Stay

Has the claimant applied for or received any disability payments?  Yes  No

Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

[ Search ] [ Save ] [ Clear ]

**Update the hours (if the employee did not work then the Employer should enter zero in this field).**

Enter the Gross earnings (If there were no earnings the field should be left blank). Once all changes have been made then "Click Save".

Saved successfully.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number: [ ]

First Name: [ ] MI (Optional): [ ] Last Name: [ ]

Date of Birth: mm/dd/yyyy Gender: [ ]

Race: [ ] Ethnicity: [ ]

Phone Number (Optional): [ ] U.S. Citizen: [ ]

Alien Registration: [ ] Alien Registration Expiration Date: mm/dd/yyyy

**ADDRESS**

Address Line 1: [ ]

Address Line 2 (Optional): [ ]

City: [ ]

State: [ ] Zip Code: [ ]

County: [ ]

**ELIGIBILITY QUESTIONS**

Hours Worked: [ ] Gross Earning for the week of 10/17/2021 - 10/23/2021: [ ]

Start Date: mm/dd/yyyy Last Day Worked (if different from group): mm/dd/yyyy

Holiday pay (Optional): [ ] Vacation pay (Optional): [ ]

Override (Optional): [ ] Return to Work Date (if different from group): mm/dd/yyyy

Bonus Pay (Optional): [ ] Bonus Type (Optional): [ ]

Has the claimant applied for or received any disability payments?  Yes  No

Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

[ Clear ] [ Search ] [ Save ]

Confirmation will be given at the top of the screen to acknowledge that the updates made were saved successfully.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number: 111-11-1111

First Name: BOBBI, MI (Optional):, Last Name: BIGGS

Date of Birth: 07/03/1974, Gender: Male

Race: American Indian/Alaska Native, Ethnicity: Not Hispanic or Latino

Phone Number (Optional): 8637372600, U.S. Citizen: YES

Alien Registration: , Alien Registration Expiration Date: mm/00/yyyy

**ADDRESS**

Address Line 1: 4021 PERCIVAL RD

Address Line 2 (Optional): APT 1632

City: COLUMBIA

State: South Carolina, Zip Code: 29229

County: RICHLAND

**ELIGIBILITY QUESTIONS**

Hours Worked: 0, Gross Earning for the week of 10/17/2021 - 10/23/2021: 0.00

Holiday pay (Optional): 0.00, Vacation pay (Optional): 100.00

Bonus Pay (Optional): 500.00, Bonus Type (Optional): Stay

Start Date: 03/09/2019, Last Day Worked (if different from group): mm/00/yyyy

Override (Optional): , Return to Work Date (if different from group): mm/00/yyyy

Has the claimant applied for or received any disability payments?  Yes  No

Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

Buttons: Search, save, Clear

Updating Holiday Pay or Vacation Pay:

Follow steps 1 through 4 to locate the employee.

Update holiday pay for vacation field (If none then the field must be left blank). Once all changes have been made then "Click Save".

Saved successfully.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number:

First Name: , MI (Optional):, Last Name:

Date of Birth: mm/00/yyyy, Gender:

Race: , Ethnicity:

Phone Number (Optional): , U.S. Citizen:

Alien Registration: , Alien Registration Expiration Date: mm/00/yyyy

**ADDRESS**

Address Line 1:

Address Line 2 (Optional):

City:

State: , Zip Code:

County:

**ELIGIBILITY QUESTIONS**

Hours Worked: , Gross Earning for the week of 10/17/2021 - 10/23/2021:

Holiday pay (Optional): , Vacation pay (Optional):

Bonus Pay (Optional): , Bonus Type (Optional):

Start Date: mm/00/yyyy, Last Day Worked (if different from group): mm/00/yyyy

Override (Optional): , Return to Work Date (if different from group): mm/00/yyyy

Has the claimant applied for or received any disability payments?  Yes  No

Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

Buttons: Clear, Search, Save

Confirmation will be given at the top of the screen to acknowledge that the updates made were saved successfully.

FILE CLAIM

Enter Employees Manually

EMPLOYEE INFORMATION		ADDRESS	
Social Security Number 111-11-1111		Address Line 1 4021 PERCIVAL RD	
First Name BOBBY	Mr. (Optional) Last Name DIGGS	Address Line 2 (Optional) APT 1632	
Date of Birth 07/03/1974	Gender Male	City COLUMBIA	
Race American Indian/Alaska Native	Ethnicity Not Hispanic or Latino	State South Carolina	Zip Code 29229
Phone Number (Optional) 8037372400	U.S. Citizen YES	County RICHLAND	
Alien Registration	Alien Registration Expiration Date mm/dd/yyyy		
ELIGIBILITY QUESTIONS			
Hours Worked 0	Gross Earning for the week of 10/17/2021 - 10/23/2021 0.00	Start Date 03/09/2019	Last Day Worked of different from group mm/dd/yyyy
Holiday pay (Optional) 500.00	Vacation pay (Optional)	Override (Optional)	Return to Work Date if different from group mm/dd/yyyy
Bonus Pay (Optional)	Bonus Type (Optional)		
Has the claimant applied for or received any disability payments?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is the claimant the child, spouse, or parent of this employer?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="button" value="Search"/> <input type="button" value="save"/> <input type="button" value="Clear"/>			

## Updating Bonus Pay

Perform the same procedure to locate the claimant as shown in steps 1-4.

FILE CLAIM

Enter Employees Manually

EMPLOYEE INFORMATION		ADDRESS	
Social Security Number 111-11-1111		Address Line 1 4021 PERCIVAL RD	
First Name BOBBY	Mr. (Optional) Last Name DIGGS	Address Line 2 (Optional) APT 1632	
Date of Birth 07/03/1974	Gender Male	City COLUMBIA	
Race American Indian/Alaska Native	Ethnicity Not Hispanic or Latino	State South Carolina	Zip Code 29229
Phone Number (Optional) 8037372400	U.S. Citizen YES	County RICHLAND	
Alien Registration	Alien Registration Expiration Date mm/dd/yyyy		
ELIGIBILITY QUESTIONS			
Hours Worked 0	Gross Earning for the week of 10/17/2021 - 10/23/2021 0.00	Start Date 03/09/2019	Last Day Worked of different from group mm/dd/yyyy
Holiday pay (Optional) 500.00	Vacation pay (Optional)	Override (Optional)	Return to Work Date if different from group mm/dd/yyyy
Bonus Pay (Optional) 500.00	Bonus Type (Optional)		
Has the claimant applied for or received any disability payments?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is the claimant receiving any kind of retirement or pension (Excluding Social Security)?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is the claimant the child, spouse, or parent of this employer?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="button" value="Search"/> <input type="button" value="save"/> <input type="button" value="Clear"/>			

Update Bonus pay if there were none then the field must be left blank.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number: 111-11-1111

First Name: BOBBY, MI (Optional): , Last Name: DUGGS

Date of Birth: 07/03/1974, Gender: Male

Race: American Indian/Alaska Native, Ethnicity: Not Hispanic or Latino

Phone Number (Optional): 8037372400, U.S. Citizen: YES

Alien Registration: , Alien Registration Expiration Date: mm/dd/yyyy

**ADDRESS**

Address Line 1: 4021 PERCHVAL RD

Address Line 2 (Optional): APT 1632

City: COLUMBIA

State: South Carolina, Zip Code: 29229

County: RICHLAND

**ELIGIBILITY QUESTIONS**

Hours Worked: 0, Gross Earning for the week of 10/17/2021 - 10/23/2021: 0.00

Holiday pay (Optional): 500.00, Vacation pay (Optional):

Bonus Pay (Optional): 500.00, Bonus Type (Optional):

Start Date: 05/09/2019, Last Day Worked (if different from group): mm/dd/yyyy

Override (Optional): , Return to Work Date (if different from group): mm/dd/yyyy

Has the claimant applied for or received any?  Yes  No

Is the claimant receiving any kind of retirement?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

Buttons: Search, Save, Clear

The Bonus Type Filed must also be updated as it is required field. If the Bonus Pay is updated to zero then the Bonus Type field should be blank. There is a blank option that can be selected from the drop down.

Saved successfully.

FILE CLAIM

Enter Employees Manually

**EMPLOYEE INFORMATION**

Social Security Number:

First Name: , MI (Optional): , Last Name:

Date of Birth: mm/dd/yyyy, Gender:

Race: , Ethnicity:

Phone Number (Optional): , U.S. Citizen:

Alien Registration: , Alien Registration Expiration Date: mm/dd/yyyy

**ADDRESS**

Address Line 1:

Address Line 2 (Optional):

City:

State: , Zip Code:

County:

**ELIGIBILITY QUESTIONS**

Hours Worked: , Gross Earning for the week of 10/17/2021 - 10/23/2021:

Holiday pay (Optional): , Vacation pay (Optional):

Bonus Pay (Optional): , Bonus Type (Optional):

Start Date: mm/dd/yyyy, Last Day Worked (if different from group): mm/dd/yyyy

Override (Optional): , Return to Work Date (if different from group): mm/dd/yyyy

Has the claimant applied for or receives any disability payments?  Yes  No

Is the claimant receiving any kind of retirement or pension (excluding Social Security)?  Yes  No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?  Yes  No

Is the claimant the child, spouse, or parent of this employer?  Yes  No

Buttons: Clear, Search, Save

Once all changes have been made then "Click Save". Confirmation will displayed at the top of the screen to acknowledge that the updates were saved successfully.