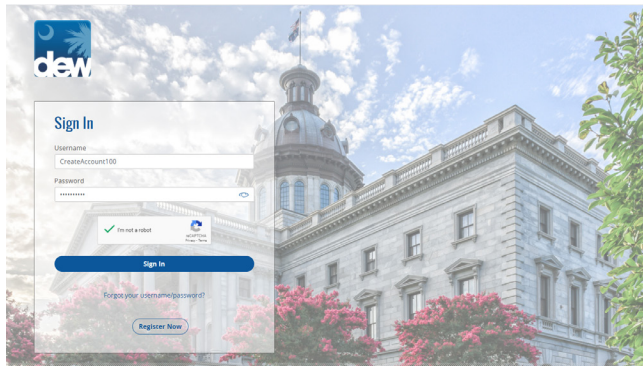


HOW TO FILE A NEW CLAIM IN YOUR MYBENEFITS PORTAL



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.

South Carolina Department of
Employment and Workforce

Wednesday, November 3, 2021 | Welcome JANE DOE | Claimant ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

UPDATE CONTACT INFORMATION

Instructions
• All fields are required unless otherwise indicated.

Contact Information

Preferred Contact Method:

Primary Phone (Optional):

Alternate Phone (Optional):

Cell Phone (Optional):

E-mail Address (Optional):

Responder E-mail Address (Optional):

☐ Switch to receive text alerts on important information on my unemployment claim through our text messaging tool. You opt in to receive text alerts in order to receive text alerts, you agree to our text messaging tool.

For (Optional):

Ext. (Optional):

Saving your Info
• The information you have provided is correct and will be used to update the MyBenefits Portal.

Next

Update Contact Information

Update your preferred contact information. Click on “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

UPDATE DEMOGRAPHICS AND DIVERSITY INFORMATION

Instructions
• All fields are required unless otherwise indicated.

Demographics

U.S. Citizen: ☐ Yes ☐ No

Proof of Documentation:

Do you need an interpreter? ☐ Yes ☐ No. This service is supplied at no cost to you.

Preferred Language (Optional):

Education Level:

Diversity

Ethnicity:

Race (Select all that apply):

☐ American Indian/Alaska Native ☐ Asian

☐ Black/African American ☐ Native Hawaiian Or Pacific Islander

☐ White ☐ Choose Not To Answer

Disabled: ☐ Yes ☐ No ☐ Choose not to answer

Veteran: ☐ Yes ☐ No ☐ Choose not to answer

Saving your Info
• The information you have provided is correct and will be used to update the MyBenefits Portal.

Next

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.

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

WELCOME

Action Required

Go To My Profile Page

File a New Unemployment Insurance Claim

Important Messages

There are no messages to show

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.

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 You Start Checklist

ALL INDIVIDUALS

☒ Social Security Number

☒ Work History (last 3 years)

☒ If you qualify for benefits and would like your unemployment benefits to be directly deposited into your bank account, you must provide your bank routing number and account number.

NON-CITIZENS

☒ Form your Employment Authorization Document.

FORMER FEDERAL EMPLOYEES

☒ If you were a federal employee within the past two years.

FORMER MILITARY PERSONNEL

☒ If you were one of the following from your most recent military service.

After You Submit Requirements

You must complete Identity Verification (IDV) by selecting the **Complete/Update IDV** hyperlink in your portal under Actions Required to complete this process. Failure to complete the IDV process may result in a disqualification.

Privacy

Because you are being asked to furnish your social security number on the unemployment benefit application, the Privacy Act of 1974 requires that you are provided the following statement:

Your social security number is collected under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 6011(a), 6058 and 6059(d)). Disclosure of your social security number for this purpose is mandatory and must be entered on the form you submit to claim unemployment compensation.

Your social security number will be used to:

• Verify your eligibility for benefits.

• Verify your eligibility for benefits.

• Verify your eligibility for benefits.

If you elect to provide your social security number, your claim cannot be processed.

☒ I certify that I understand how my Social Security Number will be used.

Next

Checklist

Read through the Before You Start checklist to ensure that you have everything you need to complete the following pages. You are also required to complete Identity Verification (IDV) after submitting your claim. Read the After You Submit Requirements and Privacy sections and check the box at the end to acknowledge your agreement with the statement. Click on “Next” to continue.

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.

Eligibility Questions

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

Able and Available

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

Employment Details

Read the instructions carefully. Your employment details should be accurate in the box provided. 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

Define the claim Address Information Eligibility Questionnaire Alternative Dispute Resolution Employment Status **Separation** Other Work Search Summary Submit Fast Filing Confirmation

Instructions

- Use the link below to provide separation details for each employer listed.

Separation

SDI CAROLINA FOREST LLC, DBA SDI CAROLINA FOREST LLC [Edit](#)

FENCEFSC, DBA FENCEFSC [Edit](#)

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".

Employer Separation

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

Employer Separation

Reason employment ended:

If Quit or Discharge select the reason why:

Do you think you will be returning to work for this employer? ☐ Yes ☐ No

State where work was performed:

City where work was performed:

Primary Occupation with this employer:

What were your total gross earnings with this employer from 01/01/2020 through 10/30/2021? \$

Are you an owner, corporate officer, or shareholder of this employer? ☐ Yes ☐ No

Are you the child, spouse, or parent of this employer? ☐ Yes ☐ No

Are you or will you receive pension or retirement benefits from this employer? ☐ 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".

[Update](#)

Editing Employer Separation

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

OCCUPATION

OCCUPATIONAL INFORMATION

Instructions

- Select your occupation below. This information is for statistical purposes. If you cannot find your exact occupation, select the one that best represents your occupation.
- Select the letter with which your occupation begins.

YES

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

OR

Enter occupation or skills:

[Search](#)

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.”

FILE CLAIM

Define the claim Address Information Eligibility Questionnaire Alternative Dispute Resolution Employment Status Separation **Other** Work Search Summary Submit Fast Filing Confirmation

Instructions

- All fields are required unless otherwise indicated.

Other

Have you applied for Workers' Compensation benefits within the last year or are you receiving Workers' Compensation benefits at this time? ☐ Yes ☐ No

Are you or will you receive pension or retirement pay (other than Social Security)? ☐ Yes ☐ No

Have you received, are you receiving, or are you entitled to receive separation pay (vacation, severance, other)? ☐ Yes ☐ No

If you are eligible to receive benefits, would you like Federal Income Tax withheld from your benefits? ☐ Yes ☐ No

If you are eligible to receive benefits, would you like State Income Tax withheld from your benefits? ☐ Yes ☐ No

Do you have a deferred return to work date? ☐ Yes ☒ No

Preferred payment method:

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".

[Next](#)

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.

South Carolina Department of Employment and Workforce

Wednesday, November 3, 2021 | Welcome JANE DOE | Claimant ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

FILE CLAIM

Define the claim Address Information Eligibility Questionnaire Alternative Dispute Resolution Employment Status Separation Other Work Search Summary Submit Fast Filing Confirmation

Instructions

- All fields are required unless otherwise indicated.

Banking Information

I hereby authorize South Carolina Department of Employment and Workforce (SCDEW) prepaid debit card payments. If debit card payments is sent to my card in error, I authorize South Carolina Department of Employment and Workforce (SCDEW) to debit my card for an amount not to exceed the original amount of my debit payment. I understand that this authorization will remain in effect for the benefit year of this unemployment insurance claim, and that my request to change this authorization must be made online.

☐ I AGREE TO ALL TERMS OF THIS BANK AGREEMENT

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](#)

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
Claims ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

FILE CLAIM

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

Instructions

All fields are required unless otherwise indicated.

Banking Information

I hereby authorize South Carolina Department of Employment and Workforce (SCDEW) to initiate automatic deposits to my account at the financial institution named below. I also authorize South Carolina Department of Employment and Workforce (SCDEW) 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 (SCDEW) has no liability 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
Claims ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

FILE CLAIM

Before You Start Address Information Eligibility Questions Ask and Answer Questions Employment Details Separation Other **Work Search** Summary Submit Post Finding 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
Claims ID: 11611333

Dashboard Claims Confirmation History Appeals Documents My Profile

FILE CLAIM

Before You Start Address Information Eligibility Questions Ask and Answer Questions Employment Details Separation Other **Work Search** Summary Submit Post Finding 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
☐ B ☐ 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 SCDEW? ☐ Yes ☒ No
 If yes, Please Provide your 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.

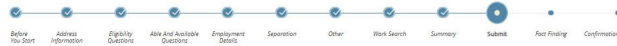
Experience

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.

FILE CLAIM



Submit



CLAIM EFFECTIVE DATE: 07/13/2025

BENEFIT RIGHTS HANDBOOK You must read the information supplied in the handbook to fully understand your claim filing responsibilities. You may print this handbook or access it at any time.

PENALTIES FOR FALSIFICATION

Warning!**Penalties and consequences for providing false information**

Unemployment Insurance (UI) fraud is punishable by law and you could face a number of serious penalties and consequences.

If you commit UI fraud, you could face penalties, such as:

- Prosecution
- Jail or prison sentence
- Repaying any inappropriately paid benefits
- Penalties and fines for false statements
- Being prevented from receiving benefits in the future

BENEFIT RIGHTS AND INFORMATION

Your benefit rights and responsibilities are explained in the South Carolina Department of Employment and Workforce Handbook.

- You must read the information supplied in the handbook to fully understand your claim filing responsibilities.
- You may print this handbook or access it at any time.

DOCUMENT(S) WE NEED FROM YOU

Reminder

If you were advised to, or if you wish to, provide additional documentation on your claim, you can do so after you have completed your claim. Click on "Documents" tab on your CS3 homepage for a list of pending items and select the link for the document(s) you are providing. Follow the screen instructions to provide these documents. Failure to provide these documents may result in a delay or denial of benefits.

Terms and Conditions

ACKNOWLEDGEMENTS

- ☐ I acknowledge that all information I have provided is true and accurate.
- ☐ I understand there are penalties for false statements.
- ☐ I agree to the responsibilities stated within the South Carolina Claimant Handbook and understand that failure to understand the handbook is not an excuse to prevent being found ineligible for benefits if I do not meet my responsibilities.
- ☐ I understand I will be required to repay any benefits I receive for which I am later determined to be ineligible.
- ☐ You must complete Identity Verification (IDV) by 07/23/2025. Select the Complete/Update IDV link in your portal under Actions Required to complete this process. Failure to complete the IDV process may result in a disqualification.

EXIT

Back

Submit

Submit

Review the fraud warning, reminders, and additional information listed on this page. Review the Terms and Conditions. You will need to read and click the checkbox for all five Terms and Conditions to acknowledge your agreement and understanding. Then click on "Submit." You will receive a confirmation number attesting to the successful submission of your claim.