HOW TO REQUEST MULTI-CLAIMANT GROUP ACCESS IN THE EMPLOYER SELF SERVICE (ESS) PORTAL

SHBOARD							
ctions Required		NOTICE OF SEPARATION	Account Information ENVECTOR NAME MARING ADDRESS				
	Accounts TAXACCOUNT 50.00		PRIFERRED CONTACT METHOD				
	Quick Links	Quick Links					
	EMPLOYMENT Refusal of Job Offer Employer Separation Separation History	EMPLOYER FILING File Claim Mole Claimant Group DOCUMENTS	APPEALS Appeal BENEFIT CHARGES Brooks Charges				
	incident of Late of Inadequate Responses	Media Search Correspondence	SIDES PARTICIPATION SIDES PARTICIPATION				

In order to file an Employer Filed Claim within the Multi-Claimant Group, you will first have to be granted access. This Guide will provide information about requesting multi-claim access.

In the Quick Links section, you will see a Header saying "EMPLOYER FILING". Click the "File Claim" link.

OING BUSINESS AS	BUSINESS TYPE	Outriers	PEIN	LIABILITY TYPE Contributory
Instructions				
· Employers may submit Separation information	n for Individual or groups of claimants via Mu	its-Claimant Groups.		
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Employers must requisit and be granted acces Employers must remain in grant exacting as k You must provide contact information and ap	two Claimant Gravy assess may be revalued. See to the terms and conditions above.			
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Contact Trile	rmation	Phone	Number	
Contact Title Manager	the Original frame sease may be reached as the terms of the sease of the sease of the sease.	Phone 8037	Number 973400	
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South Carolina Department of	Dashboard Employme	nt * Employer Filing	Wed	nesday, October 27 ents * Benefit:	, 2021 (D) ID:	SIDES Participation
JLTI-CLAIMANT GROUP						
OING BUSINESS AS Richland County School	BUSINESS TYPE	Local Government	FEIN	57-6000243	LIABILITY TYPE	Reimbursable
Request Access						
PENDING In order to file a Multi-Claimant Group, you must b access to file a Multi-Claimant Group. If you need in	e granted access. Your request	is Pending and will be com ntact our Employer Filed Cl	pleted within aims Unit at	1 24-48 business ho 1-846-831-1724	iurs. After your request	is granted, you will have
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You will be required to provide Contact Information of the Individual who will be responsible for submitting the File. Please read all of the information on the next page.

- Mark the check box if you agree. Then, click Continue.
- If you do not agree, click Cancel to be directed back to the multi-claimant group page. Click Submit.

Once completing the Employer Contact Information you will be navigated to the Pending Access requested Screen. Where a member of SCDEW will have to grant access. Once access has been granted you may begin filing your claim on behalf of your employees.