

How to File A Claim for an Employee or Group of Employees

In order to complete the steps below, you must have been granted access to file Employer Filed Claims. Please see our guide with information about requesting multi-claim access.

		EMPLOYER SELF-SERVICE LOG IN	
		Login To Your Account	
		Welcome to the benefits Employer Self Service (ESS) portal. If	
		you have created a username and password in SUITS you may use it here to login. You may also use your PIN number	
		previously established by clicking the Authentication mode radio button below to use the EAN/PIN/FEIN feature.	
		If you have forgotten or lost your PIN, you should click here to authenticate your account and set up your new	
		username/password for the site. For enhanced security, the benefits ESS portal is migrating to username and password	
		credentials.	
		Authentication	
		Liser Name. Employer User Name	
		Password: Employer Password	
		Login	
V		Privacy Statement Legal PROD SC ESS 2020-03-21 15:28 v1:001-558 scbprotecure01 scotb lin	Help Contact Resources
<u>yv</u>			
Good Afternoon		Wednesday, September 6, 2017	Logoff
		the second s	Logon
		Employer Homepage	
	Employer Filing Benefits Information - N	fulti-Claimant Group	My Alerts
ACCOUNT INFORMATION Mailing Address:	1234 Success St. Metropolis SC 29111	SMART LINKS View Recent Correspondence	
Preferred Contact Method:	Metropolis SC 29111 bizaddress@gmail.com	Respond to Request for Separati	ion Information
referred Contact Method:	Dizadul essegnal.com	Respond to Additional Informati	ion for Claims Issues
elephone:	800-123-4567		
f a SIDES Participant, respond to re	quest for information through SIDES Portal.		
BENEFIT INFORMATION		ACCOUNTS	BALANCES
File Claim	Employer Appeal Incident of Late or Inadequate Respor	Tax Account	\$0.00
		ises	
Maintain SIDES Participants	Make Employer Filed Claim Payment	ises	
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Welcome to the S.C. Department of Employment and Workforce's new benefits portal for employers. When you get to the login screen you will enter your username and password. If you have forgotten your username or password, please refer the tutorial guide labeled Username/Password reset.

If you do not have a SUITS username and password, please contact us at: efc_assistance@dew.sc.gov.

On the left hand side of the screen, you will see a selection labeled Benefit Information. Click the link labeled File Claim.

Please read all of the information on the next page and click that you agree. Then, click Continue. If you do not agree, click Cancel to be redirected to the multi-claimant group page.



	. Lost	Group Type :				• Week Ending Date :	-	
	Return 1	Day Worked : to Work Date :	Mass Separation	id/yyyy) id/yyyy) OR Return Type:		week Ending Date .	(mm/dd/yyyy)	
		tion affected :		o(yyyy) ox actin type.	•			
se	select a group contact							
		Contact Type:	E-mail 🔻					
		Contact Title:						
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	1	Email Address:			(xox@yyy.zzz)			
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nei	r Group Details							
	Group ID	g Group Typ	e Sej	paration Begin Date		Return to Work Date	¿ Location	Last Update
	297	File a Claim	09/0	04/2017		Unknown		09/06/2017
					ack Edit Co	py Next		

When you arrive at the Employer Separations page, you will see several fields for information as well as a list at the bottom of the screen of previously reported multi-claimant groups associated with this account. For Group Type, there are a few options. Depending on which option is selected, the screen may look slightly different.

		Group Type : File a Claim	¥				
		Day Worked :	(mm/dd/yyyy)		• Week Ending Date :	(mm/dd/yyyy)	
	* Return to	Work Date :	(mm/dd/yyyy) OR Return Type	·			
		on affected : ALL		Permanent			
ise s		or enter their information.		Unknown			
		ontact Type: E-mail V					
		Contact Title:					
		erson Name:	(000 000 0000)				
		nail Address:	(999-999-9999)	(xox@yyy.zzz)			
				(300089999.222)			
		Fax Number:	(999-999-9999)				
				Save Cle	ar		
her	Group Details						
	Group ID	Group Type	Separation Begin Date		Return to Work Date	÷ Location	🚊 Last Update
)	297	File a Claim	09/04/2017		Unknown		09/06/2017
					vy Next		

When you select File a Claim, the first step of this process is to create the group information and date in order to create an identifiable group in the system. All fields noted with an asterisk must be completed. For the Return to Work Date, if you do not know an actual calendar date, use the drop down menu to the right labeled Return Type and select one of those options.

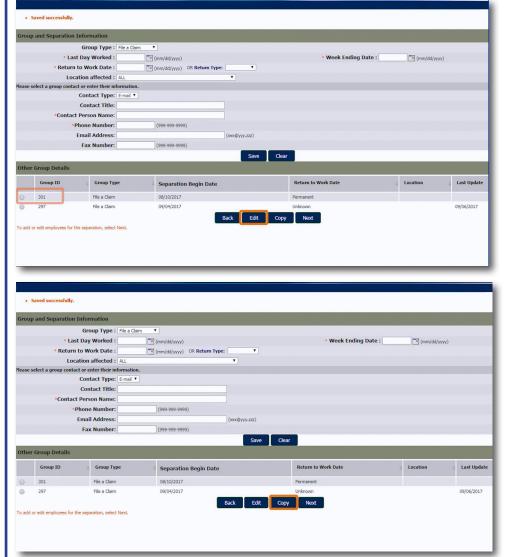
oup	and Separation I	nformation					
		Group Type : File a Cla					
		Day Worked : 08/10/20			Week Ending Date	08/12/2017 (mm/dd/yyyy)
		to Work Date :	(mm/dd/yyyy)	OR Return Type: Permanent *			
		tion affected : ALL		•			
se se		t or enter their information					
		Contact Type: E-mail *					
		Contact Title: HR Manag					
		Person Name: Katie Smit					
		hone Number: 803-555-	(999-999-9999)				
	E	mail Address:		(xocx@yyy.zzz)			
		Fax Number:	(999-999-9999)				
				Save	Clear		
her	Group Details			\sim			
	Group ID	Group Type	Separation	Begin Date	Return to Work Date	Elecation	e Last Update
	297	File a Claim	09/04/2017		Unknown		09/06/2017
				Back Edit	Copy Next		
		e separation, select Next.					

When you have filled in all of the information, click Save.



Group Type: Fe a Clam	
Return to Work Date: (mm/dd/yyyy) OR Return Type: Location affected: { AL Location affected: { AL Contact Type: Contact Type: Contact Title: Contact Title: Contact Person Name: Contact Person Name: Contact Person Nam	
Location affected : ALL v v v assessed a group contact or enter their information. Contact Type: E-mail v Contact Title: *Contact Title: *Contact Person Name: Phone Number: Email Address:	
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*Contact Person Name: *Phone Number: Email Address: (xxx@yyy.zzz)	
•Phone Number: (999-999-9999) Email Address: (xxx@yyy.zzz)	
Email Address: (xxx@yyy.zzz)	
Fax Number: (999-999-9999)	
Save Clear	
her Group Details	
Group ID Group Type Separation Begin Date Return to Work Date Location	Last Upo
301 File a Claim 08/10/2017 Permanent	
297 File a Claim 09/04/2017 Unknown	09/06/201
Back Edit Copy Next	09/06/201

While the screen may not appear to change much, you will notice a note in the top left corner that says "Saved successfully." You will also notice that the group is now displayed in the Other Group Details section of the screen along with a Group ID.



To change any information associated with this group, click the radio button to the left of the group and then click Edit at the bottom of the screen.

Changes can only be made BEFORE the claim is submitted. Once you receive a confirmation number, you will not be able to make edits to the Group ID

You can also use the Copy feature to create a new group with a unique ID using the same separation information.



and and a solution	on Information				
	Group Type : File a	Claim T			
*1	Last Day Worked :	(mm/dd/yyyy)	• Week Ending Date	te : mm/dd/yyyy)	
* Retu	Irn to Work Date :	(mm/dd/yyyy) OR Return Type:	T		
L	ocation affected : ALL	¥			
ase select a group co	ntact or enter their informa				
	Contact Type: E-ma	Y			
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*Cont	act Person Name:				
	*Phone Number:	(999-999-9999)			
	Email Address:	(xxx@yy	y.zzz)		
	Fax Number:	(999-999-9999)			
			Save Clear		
her Group Details					
Group ID	Group Type	Separation Begin Date	Return to Work Date	÷ Location	÷ Last Upda
301	File a Claim	08/10/2017	Permanent		
297	File a Claim	09/04/2017	Unknown		09/06/2017
		Back	Edit Copy Next		

Now, we are ready to add affected employees. Click the radio button for the Group ID you wish to use and then click next.

To learn about the upload/download file format cit * Address Line 1 : Address Line 2 : = City : * State : * Zip :
Address Line 2 :
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• City : • State : •
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• US Citizen :
* Alien Reg. Exp. Date : mm/dd/yyyy)
Start Date : (mm/dd/yyyy)
Last Day Worked : (mm/dd/yyyy) (If different from group)
Return to Work Date : (mm/dd/yyyy) (If different from group)
± Bonus Type : 🔹 🔻
Override :

You will now be taken to the Employee List screen. There are two ways to add employees. You can either upload a file or enter the employees manually. The manual process is fairly selfexplanatory; you will enter the information on the screen regarding the employee and click Save at the bottom of the screen. Required fields are noted with an asterisk.

s marked with * are required.				
	Back Do	wnload Upload		_
add an employee, please enter the following information and clic	k Save.		To learn	about the upload/download file for at click
* Employee SSN :		Address Line 1 :		
• Date of Birth :	(mm/dd/yyyy)	Address Line 2 :		
* Last Name :		• City :		
• First Name :		* State :	•	
Middle Initial :		• Zip :		
* Race :	٣	* County : 🔻		
• Gender :	Ŧ	Telephone :		
• Ethnicity :	٣	• US Citizen :	•	
± Alien Registration :		* Alien Reg. Exp. Date :	(mm/dd/yyyy)	
gibility Questions				
• Hours Worked :		• Start Date :	(mm/dd/yyyy)	
Claimant's Gross Earnings for the week of 08/20/2017 through 08/26/2017 :		Last Day Worked :	(mm/dd/yyyy)	(If different from group)
Holiday pay :		Return to Work Date :	(mm/dd/yyyy)	(If different from group)
Vacation pay :		± Bonus Type :	•	
± Bonus Pay :		Override :		
• Has the claimant applied for or received ar	dischilling sourcester 2			
Is the claimant receiving any kind of retirement or pension (Excl				
this claimant an Owner, Corporate Officer, Stake Holder/Share H				
 Is the claimant an owner, corporate ornicer, state noder, share noder, state noder, share noder, state node 				

To learn about the upload/ download file format, click the blue Help button on the right side of the screen.



Select Upload to up	H	LP TEXT			•
Fields marked with	Employee File Format for Employer Filed Claims				
	This screen will allow you to download a spreadsheet that you may use to		11 11 11 11 11		
	this screen will allow you to download a spreadsheet that you may use to this file and save it to your PC. You can edit this file in a spreadsheet prov				and the second of the second second second second
	employees. You MUST save the file as CSV (Comma Delimited)(*.csv). To	do this, select File -> S	ave As and then ensure		To learn about the upload/download file format click Help
To add an em	Failure to do this will change the file format and you will no longer be abl	le to upload the file into t	the system.		
	File Format				
in the second	First Row - Header Record:				
1	1 - Employer Account Number 2 - Contact Name				
	3 - Contact Phone Number				
	4 - Contact Fax Number 5 - Contact Email				
	6 - Group ID (Generated Group ID for the Mass Layoff)				*
	7 - Number of Employees (This number should match the total number of	f employees listed in the	file)		
	Second Row - Contains the Employee Detail column headings.				
	Third Row and Subsequent Rows ? Employee Detail Records:				
	1 - Employee SSN (999999999999999999999) (Required)				
	2 - Date of Birth (MM/DD/YYYY) (Required) 3 - Last Name (No Special Characters)				
	4 - First Name (No Special Characters)				(mm/dd/yyyy)
-	5 - Middle Initial (No Special Characters)				(initial)
Eligibility Que	 Race (American Indian/AK Native, Asian, Black/African American, Nati 7 - Gender (Male or Female) (Required) 	we Hawaiian Or Pacific Is	slander, White, Choose 1	lot to Answer) (Required)	
	 Gender (Male or Pentale) (Required) 8 - Ethnicity (Not Hispanic or Latino, Choose Not to Answer, Hispanic or L 	atino) (Required)			
	9 - Alien Registration (Required if not US Citizen)				(mm/dd/yyyy)
	10 - Address Line 1 (Required) 11 - Address Line 2				(mm/dd/yvvv) (If different from group)
	12 - City (Required)				
	13 - State (Postal Code) (Required)				(mm/dd/yyyy) (If different from group)
	14 - Zip (Required)				
	15 - County (Required) 16 - Telephone (Required)	Back	Alt+Left Arrow	1	-
	17 - US Citizen (Yes or No) (Required)	DJACK	Alt+Left Arrow	2.2	
	18 - Alien Reg. Exp. Date (Expiration date of Claimant?s Alien Registra 19 - Hours Worked	Forward	Alt+Right Arrow	vided)	
	20 - Claimant?s Gross Earnings for the week of MM/DD/YYYY through	Reload	Ctrl+R		
	21 - Holiday Pay			-	
 Is the clair 	22 - Vacation Pay	Save as	Ctrl+S		
• Is this claim	23 - Bonus Pay 24 - Bonus Type (Required if Bonus Pay provided)	Print	Ctrl+P		
- is uns daim	25 - Start Date (MM/DD/YYYY)		CONTRACT		
	26 - Last Day Worked (If different from group, MM/DD/YYYY) 27 - Return to Work Date (If different from group, MM/DD/YYYY)	Cast			
	28 - Has the claimant applied for or received any disability payments?	Translate to English			
	29 - Is the claimant receiving any kind of retirement or pension (exclu				
	30 - Is this claimant an Owner, Corporate Office, Stake Holder/Share H 31 - Is the claimant the child, spouse, or parent of this employer? (Yes	Adobe Acrobat		•	
- Mar	31 - Is the claimant the child, spouse, or parent of this employer? (Yei				Links Constant Deservation

With the screen open, you can right click and choose Print so that the information is readily available as you create your spreadsheet for the upload.

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You will start by clicking the Download button. The Download button will provide you with an Excel template in which to enter your employee's information.

PLEASE NOTE: YOU MUST DOWNLOAD AND USE THE NEW FORMAT. THE FORMAT USED IN THE OLD SYSTEM WILL NOT WORK IN THE NEW BRIDGE TO BENEFITS SYSTEM.

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When you open the spreadsheet, it is recommended that you click File and then Save As. Locate a folder on your system where you can find the file again and then name your file. You might notice in the "Save as type"box that the file is listed as Comma delimited. That is correct.

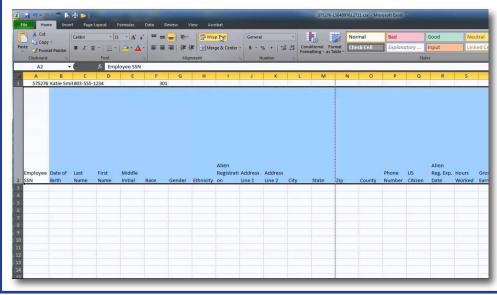


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If a pop-up box appears, you will click Yes to proceed.

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Let's explore the spreadsheet for a moment. You will notice as you scroll over each cell, you are able to read all of the information in the header. This is the same information that is required on the screen we just saw for the manual process.



In order to see everything in the cell, you can select the row, click the Home button on the top left part of the screen and then select Wrap Text. This will automatically open the cell so that you can read everything while you input the information. However, please note that the wrap text must be taken off of these cells in order to successfully upload them to the site. When you are finished, simply click the row again and then Wrap Text.

TelClaim: 866-831-1724



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As you fill in your employees' information, you will find the Notes page that you printed out very helpful. For instance, when you are filling in an employee's start date it tells you to type the date by two-digit month, two-digit day and four-digit year using slashes (MM/DD/YYYY).

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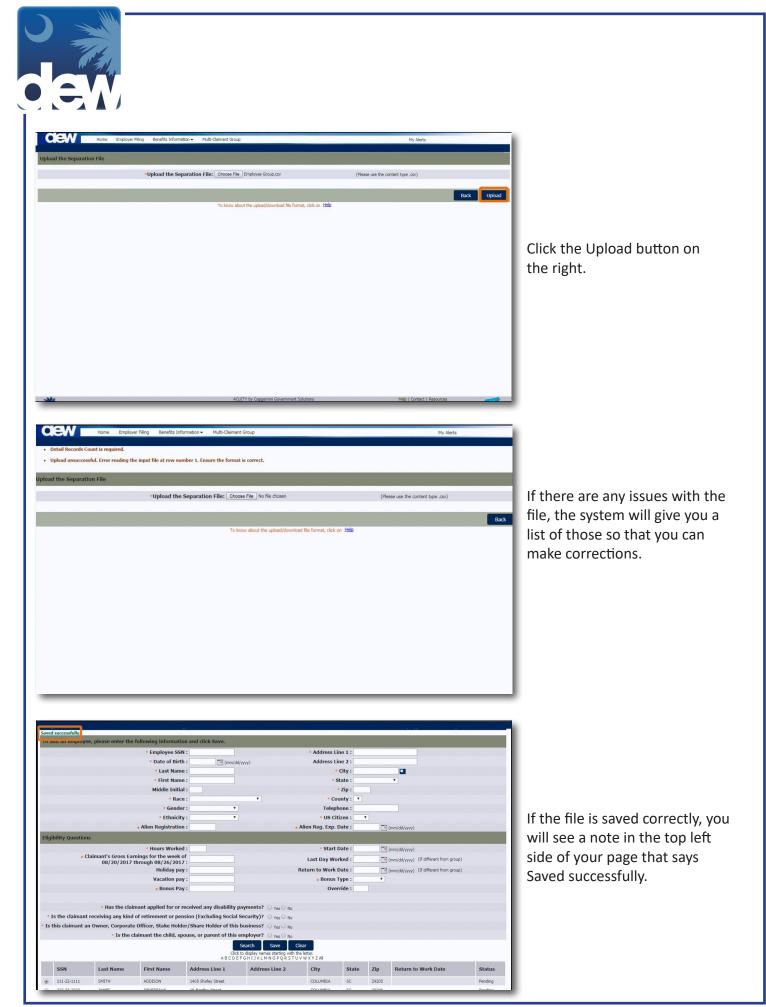
The last thing to do in the file is to click cell G1 and enter the number of employees listed in the file.

Upload File	Account#:
elect Download to download a formatted spreadsheet. Edit the spreadsheet and enter the required information elect Upload to upload your list of employees.	n, then come back to upload.
elds marked with * are required.	
Bac	
o add an employee, please enter the following information and click Save.	To learn about the upload/download file format click.
• Employee SSN :	Address Line 1 :
Date of Birth : (mm/dd/y	
* Last Name :	• City :
• First Name :	• State : •
Middle Initial :	* Zip :
* Race :	county .
• Gender : T	Telephone :
* Ethnicity : v	
	Alien Reg. Exp. Date : (mm/dd/yyyy)
ligibility Questions	
* Hours Worked :	Start Date : (mm/dd/yyyy)
± Claimant's Gross Earnings for the week of 08/20/2017 through 08/26/2017 :	Last Day Worked : [1] (mm/dd/yyyy) (If different from group)
Holiday pay :	Return to Work Date : [10] (mm/dd/yyyy) (If different from group)
Vacation pay :	± Bonus Type :
± Bonus Pay :	Override :
* Has the claimant applied for or received any disability pa	
* Is the claimant receiving any kind of retirement or pension (Excluding Social Section 2)	
Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this b	
Is the claimant the child, spouse, or parent of this er	mployer? O Yes O No
	Save Clear

When you have finished, return to the Employer portal and click Upload.



TelClaim: 866-831-1724



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			* Employee SS	SN :		* Address Li	ne 1 :			
			Date of Bir	th : (mm/d	d/yyyy)	Address Li	ne 2 :			
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			Holiday p	ay:		Return to Work	Date :		(mm/dd/yyyy) (If different from gro	oup)
			Vacation p	ay :		± Bonus	Type :	٣		
			± Bonus Pa	ay:		Over	ride :			
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0	222-33-2222	JAMES	DEVEREAUX	15 Bentley Street		COLUMBIA	SC	29206		Pending
0	333-44-3333	CHASTAIN	EDGAR	21 Oriole Street		COLUMBIA	SC	29201		Pending
				Back	Update Delet	e Finish		When	n finished adding, editing, and deleting	ng employees, select Fir

In addition, you will see the individuals at the bottom of your screen. If needed, you can click the radio button next to the individual to update their information or delete them from the list.

Please ensure all information is accurate before submitting. Any udpates required after submission must be completed by agency staff and will cause delays or potential over payments.

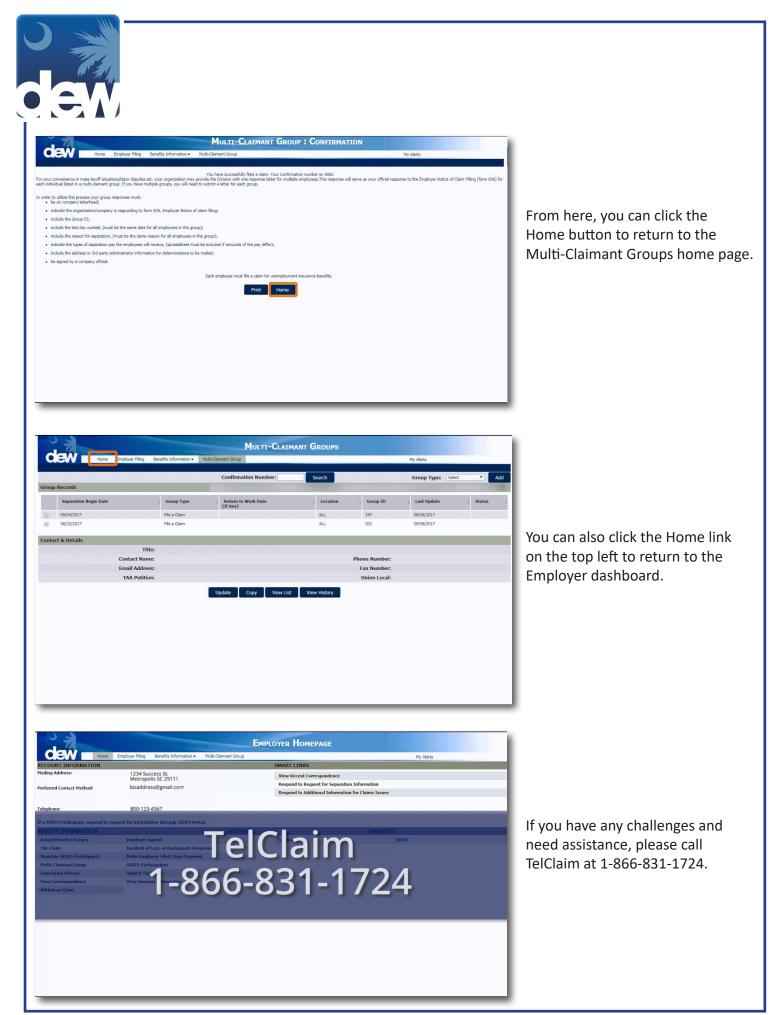
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4				MULTI-CLAIMANT	GROUP : CONFIRMATION	
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You will now be directed to a Confirmation screen. Your confirmation number for your group will be at the top of the page. If you choose, you can print this page for your records. Please remind individuals that while you have filed through the Employer portal, they must also go through the Claimant Self Service as well in order to receive benefits.

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