

Message: FW: State of Iowa - 140069**Case Information:**

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Policies:

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✉ FW: State of Iowa - 140069

From Wilkinson, Michael [IWD] **Date** Monday, March 03, 2014 6:08 PM
To Stalker, Teresa [IWD]; French, Mark [IWD]
Cc Hommer, Kathryn [IWD]

 **130794_St of Ia Facts.pdf** (749 Kb HTML)  **201401170950.pdf** (111 Kb HTML)

Mark, we are working on modifications to both the English and Spanish version. Please leave the Spanish version on line. It is all we have at the moment.

From: Stalker, Teresa [IWD]
Sent: Monday, March 03, 2014 9:24 AM
To: Wilkinson, Michael [IWD]
Cc: French, Mark [IWD]
Subject: FW: State of Iowa - 140069

Can you reply to Mark French concerning below? Since I have a new tower, I'm not sure if I can do any updating on the website. Thanks.

From: French, Mark [IWD]
Sent: Monday, March 03, 2014 9:17 AM
To: Stalker, Teresa [IWD]
Subject: FW: State of Iowa - 140069

This page needs to be updated:
<http://wdm3ap04/ui/guide.htm>

The Spanish version is also out of date and I need to know if it should remain or temporarily removed.
 Thanks!

Mark French
 Information Technology LAN Infrastructure Team
 Iowa Workforce Development
 1000 East Grand Avenue
 Des Moines, Iowa 50319-0209
 Email: Mark.French@iwd.iowa.gov
 Telephone: (515) 242-0057

Iowa Workforce Development Family of Sites:
<http://www.iowaworkforce.org>
<http://www.iowaworks.org>

<http://www.iowajobs.org>
<http://www.youthforiowa.org>

From: Roovaart, Michelle [IWD]
Sent: Monday, March 03, 2014 7:23 AM
To: Hommer, Kathryn [IWD]; Johnson, Brei [IWD]
Cc: French, Mark [IWD]; Goode, JoAnn [IWD]
Subject: FW: State of Iowa - 140069

Brei and Katie,

Do we have someone updating the Spanish version of the Facts for Workers booklet? Mark French, I think had some inquiries and I didn't know if we have forwarded this on for the Spanish translation.

Thank You

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Image 1

IOWA WORKFORCE DEVELOPMENT
P .O. Box 10332
Des Moines, Iowa 50306-0332

IMPORTANT INFORMATION THAT COULD AFFECT YOUR BENEFITS

Image 2

Facts About Unemployment Insurance
2013 - 2014

Iowa Workforce Development

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The Purpose of This Handbook

This handbook will answer most questions about your claim for unemployment insurance and help you avoid problems, delays, or improper payments. It explains your rights and responsibilities while claiming unemployment insurance benefits. ***It is your responsibility to read and know the contents of this handbook.***

This handbook contains general information only and does not have the force and effect of law, rule or regulation. Any questions concerning registration for work should be directed to the nearest IowaWORKS Center. Out of state claimants should register for work through the public employment office in their state of residence.

What Is Unemployment Insurance

Warning: Do not provide your Social Security Number or other personal information over the telephone unless they can verify they are an Iowa Workforce Development employee.

Unemployment insurance is like home or car insurance except **you do not pay any part of the cost.**

Unemployment insurance is paid entirely by employers who are covered by the Iowa Employment Security Law.

Unemployment insurance is not based on need; it provides temporary benefits for people who are:

- Unemployed or working reduced hours through no fault of their own.
- Able to work and available for work.
- Actively looking for work (unless waived).

The intent is to pay benefits to eligible claimants during periods of unemployment when suitable work is not available. You must meet certain eligibility requirements set by law. This handbook briefly explains these conditions.

If you do not expect to be recalled to your job, it is your responsibility to register for work at an IowaWORKS Center or public employment office in your state.

Failure to register for work can result in a disqualification for benefits.

You may register for work on-line at <http://www.iowaworkforce.org>. If you do not have

access to the Internet, you will need to go into your nearest IowaWORKS Center or employment office in your state of residence to register for work in person.

IowaWORKS Centers can provide information about job openings, testing, counseling, job training programs and job-seeking skills.

Eligibility Requirements

To Be Eligible for Benefits You Must:

1. Be totally or partially unemployed.
2. Have worked and earned a certain amount of wages in work covered by unemployment insurance in the last 15 to 18 months.
3. Have lost your job through no fault of your own.
4. Be able to work and available for work.
5. Be actively seeking work by in-person contacts

with employers, unless approved to send résumés by Iowa Workforce Development.

Work search may be waived if you meet certain criteria.

6. Be registered for work unless waived.

7. Keep a record of your work search contacts in

the back of this book and provide a copy of your work search contacts on the Work Search History form upon request.

8. Report any job offers or referrals that you have

refused when you file your weekly-continued claim.

9. Report if you quit or are fired from any job while claiming benefits.

10. Notify Iowa Workforce Development if for any

reason you move or leave the area for more than three working days.

11. **Report all earnings before deductions when earned, not when paid.** Report any vacation,

severance or holiday pay. Contact Iowa Workforce Development if you are receiving Workers Compensation or any other type of pay that may be deductible.

12. Notify Iowa Workforce Development if you are

currently enrolled or start school.

13. Notify Iowa Workforce Development if you are receiving a private pension or workers'

compensation.

IMPORTANT

If you are required to look for work, you **must** keep a record of your work search contacts. If requested, you may be required to provide a copy of your contacts. You must do this even if you claim benefits for just one week or have returned to work.

Image 4

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14. Understand that if it becomes necessary for Iowa Workforce Development to conduct a fact-finding interview to determine your eligibility for benefits, you will be mailed a notice with the date and time of the factfinding interview.

15. Understand that if a decision on any issue of your eligibility for unemployment insurance is

appealed, your claim becomes **public record**.

16. Understand that UI benefits are fully taxable income for federal and state income taxes.

Requirements exist pertaining to estimated tax payments. (Ask your tax preparer, the IRS, or state revenue department if you have questions).

17. Understand that you may choose to have

income taxes withheld from your benefit payment and that you may change the withholding choice.

18. **Understand that attempting to claim and receive benefits fraudulently can result in loss of benefits, repayment of benefits, fines and/or imprisonment.**

How to Apply for Benefits

There are several ways to apply for benefits.

- If you have access to the Internet, you can use our on-line system to apply for unemployment

insurance benefits at

<http://www.iowaworkforce.org>.

- You may also visit your nearest IowaWORKS Center and use a computer there to apply for

unemployment insurance benefits.

- You may visit one of the many Access Points to apply for unemployment insurance benefits. Each Access Point has a Virtual Desktop with a

Virtual Desktop Guide. Together they contain resources and tools to help you file your application for benefits and to help you register for work.

You may chat with a customer service representative if you have questions, search for jobs, and explore employment services provided at IowaWORKS One Stop Center locations, in addition to other helpful services.

- If your employer is participating in employer-

filed claims, your employer may file your application on your behalf.

Note: The online claim application currently cannot be accessed using WebTV, PDAs, handheld computers,

smart phone, and similar systems.

Please remember that regardless of the method used to file your application, your claim will be made effective the Sunday of the week in which your application was filed and you must report your continued claim each week to certify your eligibility.

To file, you will need the following information:

- Your Social Security number;
- The name, address and telephone number of your most recent employer, and the beginning

and ending dates you worked for that employer;

- An Alien Registration number, if you are not a U.S. citizen;
- A DD-214 (Member 4), if you served in the U.S.

military during the last 18 months;

- An SF-8 form, if you worked for the federal government in the last 18 months;
- The name(s) of anyone you will be claiming as a

dependent, up to a maximum of four;

- The amount your spouse earned in the preceding week, if you want to claim your spouse as a dependent (must be \$120 or less

to be claimed).

Monetary Record

After you file your claim, you will be mailed a form called the Monetary Record. This form will show:

- The beginning date of your claim.
- Your four-quarter base period.
- The gross wages paid to you in the base period by each employer that is covered by unemployment insurance.
- Your weekly benefit amount (WBA) if your earnings were high enough to qualify.
- Your maximum benefit amount (MBA).

Carefully examine the information on the Monetary Record and contact Iowa Workforce Development or send a letter appealing the Monetary Record if you believe the earnings or employers shown are not correct. If available, send copies of your check stubs, W-2 forms or other proof of earnings.

Benefit Year

When you file a claim, you begin a benefit period of one year from the effective date of your claim. You may file for weeks you are unemployed within the benefit year until you have received your maximum benefit amount (MBA).

At the end of your benefit year your claim will end,

Image 5

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even if you have not claimed all of your benefits. If you exhaust your MBA prior to the end of your benefit year, you must wait until the end of the benefit year before you can file a new claim. If you file a new claim at the end of your benefit year, you may use your lag quarters from your prior claim that are in the new claim's base period.

Note: To receive benefits on a new claim, you must have worked in a job covered by unemployment insurance after the filing of your previous benefit year claim and have been paid gross wages of at least \$250.

How Your Social Security Number Is Used

Your Social Security number is used:

- For processing your unemployment insurance claim;
- To match with Social Security Administration records to verify your identity;
- To report unemployment benefit payments to the Internal Revenue Service (IRS) and to the Iowa Department of Revenue as taxable income;
- To detect fraud in federal and state programs;
- For child support enforcement purposes;
- To verify eligibility for unemployment benefits and public assistance.

Wage, benefit, and other information under your social security number may be exchanged with other agencies that administer federally assisted programs.

Warning: Do not provide your Social Security Number

or other personal information over the telephone unless they can verify they are an Iowa Workforce Development employee.

How Much You Can Receive and How It Is Determined

Weekly Benefit Amount (WBA)

In Iowa, your weekly benefit amount is determined by your gross wages from all covered employers in the high quarter (HQ) of your base period and by the number of dependents you claim. The minimum and maximum WBAs change each year for new claims filed after the first Sunday in July. A WBA schedule is available upon request at your nearest IowaWORKS Center.

Your WBA is calculated by the following:

If you have (for program year 7/01/2013 – 6/30/2014):

- **0 dependents**, your WBA is 1/23 of your HQ with a **maximum of \$408**
- **1 dependent**, your WBA is 1/22 of your HQ

with a **maximum of \$424**

- **2 dependents**, your WBA is 1/21 of your HQ with a **maximum of \$439**
- **3 dependents**, your WBA is 1/20 of your HQ

with a **maximum of \$462**

- **4+ dependents**, your WBA is 1/19 of your HQ with a **maximum of \$500**

Example: If your HQ earnings are \$9,042 and you have one dependent, your WBA is \$411 ($\$9,042/22 = \411).

Maximum Benefit Amount (MBA)

The most you can receive during your benefit year is **26 times** your weekly benefit amount (WBA) or **one-third** of your total base-period wages, **whichever is less**.

Exception: If you are unemployed due to your **employer closing** at the location where you were last employed, your maximum benefit amount (MBA) **may be increased to 39 times your WBA** or **one-half** your total base-period wages, **whichever is less**. However, your **WBA does not change** due to a closing.

Dependents

Since dependents affect the weekly benefit amount you will receive, it is important you report the correct number of qualifying dependents when you file your

application. The following may be claimed as dependents, **if you meet certain criteria.**

Spouse, if he/she did not work or worked and earned \$120 or less in gross wages during the calendar week prior to the effective date of your claim (exclude selfemployment income). An individual cannot claim a spouse as a dependent if the spouse has listed the claimant as a dependent on a current claim.

Children (or others), only if you are allowed to claim them under federal income tax guidelines and you claimed them this past tax year or will claim them in the current tax year.

Note: A maximum of four dependents is allowed. **You cannot claim yourself as a dependent.** Dependents cannot be used if someone else has claimed them on a current unemployment claim and the claim has not expired. Ask for more detailed information if you are unsure whether or not you can claim a dependent.

Image 6

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Image 7

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for a week, your benefit payment would be reduced by \$34 (\$130 minus \$96 = \$34 reduction) and your benefit amount for that week would be \$351 (\$385 minus \$34).

Each week you claim benefits, **you must report your gross wages (before deductions)** from any job **when you earn them, not when you are paid**, even if the total is less than 25 percent of your WBA. Wages must be reported on a calendar week (Sunday through

Saturday) regardless of the workweek used by your employer. There is a **Work Record** form in the back of this handbook to help you determine weekly earnings. **If your gross earnings equal or exceed your WBA plus \$15, you will not receive any payment for that week.**

Note: While working part-time you must continue to

look for work and be able and available for your regular type of work. The goal is to return to similar or better pay and hours you had prior to filing your UI claim.

Self-Employment

Income from self-employment is not considered wages and is not deducted from unemployment insurance benefits. However, you must still meet the eligibility requirements of being able, available and actively looking for work and willing to accept suitable work. If it is determined your self-employment prevents you from accepting suitable work, you may be disqualified due to being unavailable for work.

What Can Be Deducted From Your Benefits Other Than Wages

- Vacation pay: 100 percent deductible as reported by your employer.

- Holiday pay: Deductible as wages (see section How a Part-Time Job Affects Your Benefits).

- Severance pay, dismissal/termination pay, separation allowance, wages in lieu of notice:

100 percent deductible.

- Temporary disability pay under workers' compensation: 100 percent deductible.

- Tips, gratuities, commissions, bonuses, and

incentive pay earned while claiming benefits:

Deductible as wages (see section How a PartTime Job Affects Your Benefits).

- Private or government pension, or other similar

periodic payment that is based on previous work with a base-period employer: Deductible based on the percentage of the employer's contribution.

- Cash value of housing or rent provided by your

employer as all or part of your wages.

All deductible items are not listed. If you have a

question about whether a certain item is deductible from your benefits, contact Iowa Workforce Development for a determination. **Failure to report a deductible item can result in an overpayment, which you will be required to repay.**

Child Support

By law, Iowa Workforce Development is required to

deduct and withhold up to a maximum of 50 percent of your weekly benefit amount (before voluntary withholding of income taxes, but after any deductible earnings) **when requested** by the Department of Human Services Child Support Recovery Unit for child support payments. You will receive a written decision from Iowa Workforce Development if this deduction has been requested. Any **questions** should be directed to the **local child-support agency**.

What Are the Work Search Requirements

Everyone is required to make a **minimum of two job contacts** each week unless otherwise specified by Iowa Workforce Development. This is waived if you are temporarily unemployed and expect to be recalled by your former employer in a reasonable period of time. This will be determined each time you file a claim.

- You must make contacts, even if you are working part-time.
- Your job contacts must be made between Sunday and Saturday of the week you are

claiming benefits. You may make your job contacts in person, by Internet, by on-line applications, mail, or faxing resumes.

Telephone calls are not acceptable.

- Your work search must be a reasonable and

honest effort to find suitable work and you must be willing to accept a reasonable wage in your area for the job for which you are applying.

- Repeat or follow-up work searches may be

made to the same employer after six weeks from the initial contact.

You are **required** to keep a record of your job contacts.

You need to include:

- The date of the contact
- Company name
- Company address and telephone number, and
- The name of the person you contacted.

It is suggested that you keep this record on the Work Search form provided at the end of this handbook. You are also **required** to provide a copy of this information upon request.

Image 8

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You may be denied benefits already paid if you fail to:

- Make weekly work searches
- Keep a record of those work searches
- Submit the Work Search History form upon

request

You will be required to repay any overpayment of benefits that you receive.

Résumés may be accepted as employer contacts if this is the customary means for you to secure employment in your regular occupation. You must be pre-approved by Iowa Workforce Development to apply in this manner. Résumés must be sent to an employer by mail, fax, on-line or in person, not just a post office box number. You must keep a record of the employers to whom you sent a résumé and, upon request, provide that information on the Work Search History form.

Exceptions

The **work search** may be **waived** if you are **temporarily unemployed** and expect to be recalled by your former employer in a reasonable period of time. This will be determined at the time you complete your application for a new claim or apply to reactivate an existing claim. You will be informed if your work search is waived. You must still be able and available for work with your regular employer and still may be required to accept other suitable offers of work. If your employer changes your temporarily

unemployed status, you must notify Iowa Workforce Development and register for work. Failure to do so could result in disqualification and possible overpayment that will have to be repaid.

If you are in **school or a training program**, the **work search** may be **waived**. This schooling or training must be **approved** by Iowa Workforce Development in

advance for the work search to be waived.

Union members who normally get a job through a **union hiring hall** are required to contact the hiring hall

once each week to satisfy their work search requirement.

Note: If your work search requirements change during your benefit year, you will receive a notice from Iowa Workforce Development.

Eligibility Review

If you are required to make a work search, you may be called into your local IowaWORKS Center to review your work search. If an issue arises that could result in termination of your benefits, you may request three working days to prepare prior to giving a statement.

You also will be given an overview of placement services available at your local IowaWORKS Center. These services are to assist you in becoming reemployed. You may be asked to re- turn to the local IowaWORKS Center to utilize the services available for your job search.

The Eligibility Review program is required by the Federal government to ensure you are following the correct procedures to become re-employed and are not placing unrealistic restrictions or barriers to becoming employed. **Failure to respond to a call-in could result in a disqualification of benefits.**

RE-EMPLOYMENT SERVICES — PROFILING

Profiling is done in the first five weeks of your claim by looking at certain factors such as previous occupation, previous industry, education, duration of employment, wages, etc.

If selected, your participation is mandatory since it is a condition of eligibility for unemployment insurance benefits.

If you have been selected to participate in one of our re-employment services programs such as the Reemployment Orientation Workshop (RES), Reemployment Eligibility Assessment (REA) or Emergency Unemployment Compensation (EUC) REA, you will receive a letter outlining which service you have been selected to participate in, where you should report, and what documents you will need to bring when you report. All of these services are designed to assure you are fully registered for work through Iowa Workforce Development and to provide you with customized reemployment services.

Some examples of re-employment services are:

- assistance with completing on-line applications

- résumé writing and cover letter assistance
- interview preparation
- effective networking and skills assessments
- labor market information
- development of an employment plan and

referral to training and educational programs

- information provided on Skilled Iowa internship opportunities

Recent studies done by the U.S. Department of Labor found that people who received re-employment services returned to work earlier than people who did not receive services.

Image 9

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What Wage You Must Accept Suitable Work

You are required to seek and accept suitable work. If the wage of a job offer is significantly below what you averaged at the job you held prior to filing for benefits, the job offer may be considered unsuitable.

Iowa Workforce Development calculates your gross average weekly wage (AWW) by using the high quarter of your base period and dividing it by 13, the number of weeks in a quarter. A **job offer** is considered **not suitable** if the wages are **below the following percentages of your AWW:**

- 100% if work is offered during the first five weeks of your claim.
- 75% if work is offered during the sixth through the 12th weeks of your claim.
- 70% if work is offered during the 13th through

18th weeks of your claim.

- 65% if work is offered after the 18th week of your claim. **However**, you are not required to accept employment below the federal or state

minimum wage.

Example: Your high quarter (HQ) earnings during your base period were \$5,200, so your average weekly wage (AWW) is calculated at \$400 per week (\$5200 divided by 13). Your AWW of \$400 per week equals \$10 per hour, assuming 40 hours a week.

If you are offered work that will pay \$280 per week gross (\$7 per hour at 40 hours per week) and you have been claiming benefits for nine weeks when the offer was made, the job offer is considered NOT suitable because it is below 75% of your AWW.

Other factors are used to determine suitability of work. If you turn down any job offer or referral, you are required to notify Iowa Workforce Development. Ask for more information if you are considering turning down a job offer or referral to a job.

New Employment or Job Offer

When you start a new job (full or part-time) after applying for unemployment, please notify Iowa Workforce Development. If you are working full-time, you should discontinue calling in your weekly continued claim.

If you are working part-time, report your wages when earned and not when paid.

If you have accepted a **job offer**, you need to continue to look for work until the job actually starts if you want to continue to claim benefits. Many job offers are

subject to passing a reference check, physical, drug screen or other work tests. Some offers are rescinded by the employer because of unforeseen cutbacks or because the person who was leaving decided not to leave after all. You also could find a temporary job before the new job starts or find a better job and turn down the first offer.

What Does Able and Available for Work Mean

You must be physically able to work during any week you are claiming benefits. If you are ill, on vacation, injured, on medical leave, or unable to work for any reason, you will not be eligible for benefits.

You are required to report any condition that would prevent you from working, accepting work, or seeking work.

This includes, but is not limited to:

- Illness, injury, hospitalization (You may be required to provide evidence of your ability to

work, such as a doctor's statement)

- Incarceration
- School attendance
- Out of town or on vacation
- Loss of child care or transportation.

You Can Go to School and Still Be Eligible Department Approved Training (DAT)

You may receive benefits if you are attending school or a training course if approved by Iowa Workforce Development.

You must make a written application for DAT on the form provided by Iowa Workforce Development. If available when you apply for benefits, provide the name of the school, type of training, class schedule, and the beginning and ending dates of training.

Most requests for DAT will be approved if the training has a substantial curriculum. Approval or denial is always in writing and you may appeal if you are denied. **While attending approved training, you do not have to be available for work or search for work to continue to be eligible for benefits.** However, if you stop training for any reason, you must notify Iowa Workforce Development and must immediately search for work as instructed.

Training Extension Benefits (TEB)

Training extension benefits are an additional 26 weeks of benefits available to individuals:

- Who meet the eligibility requirements for

unemployment benefits,

- Who are laid-off or voluntarily separated from

Image 10

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a declining occupation or involuntarily separated as a result of a permanent reduction of operations at the individual's last place of employment.

In addition to the above requirements:

- your training must be for an occupation that is

considered to be a High Demand Occupation (HDO) as defined by Iowa Workforce Development, or

- a high-tech occupation or training approved

under the Workforce Investment Act (WIA), or

- you must be working towards a GED in an approved program

Application for these training extension benefits (TEB) must be submitted before the end of the benefit year of the UI claim. TEB is only payable after all payments on regular and extension unemployment insurance benefits are exhausted and is only available to individuals who are attending a Department Approved Training program meeting the above requirements.

How to Claim Benefits Each Week

Each week you are unemployed and want to claim benefit payments, you **must** certify that you:

- Are unemployed or working reduced hours;
- Are able and available for work;
- Have not refused any job offers or referrals to a job;
- Are actively looking for work (unless waived);

and

- Are reporting any pay or private pension you may be receiving

This is done **each** week on-line using the continued claims web application or by telephone using the Interactive Voice Response (IVR) unit.

Continued Claim Web Reporting

You may file your weekly-continued claim on-line at <https://uiclaims.iwd.iowa.gov/weeklyclaims>. You will be presented your eligibility questions.

Touch-Tone Telephone Reporting

To file your weekly-continued claim by telephone, just call the continued claims reporting system at (800) 8505627. An Interactive Voice Response unit (IVR) will answer and a prerecorded voice will ask you the eligibility questions. You answer **yes** by pressing number **1** and **no** by pressing number **2**.

Some questions will instruct you to enter the pound key (#) at the end of your answer. Many of your answers will be repeated to you by the computer

system to make sure the information is correct. If it is not, you will be instructed on how to change your answer. The average length of time to file your continued claim by telephone is about three minutes.

Important: If you get disconnected, hang up, or close out before the system tells you that your claim has been accepted, you will have to log in or call again to successfully file your continued claim.

The current week is the week that just ended on Saturday. Continued claims filed on Saturday, Sunday, or Monday is processed at the end of the day on Monday.

Telephone lines are very busy on Saturday afternoon. Therefore, we suggest you file on-line or call late on Saturday or on Sunday or Monday to avoid a busy signal.

If you miss calling in for just one week, the system will allow you to file one back week and the current week during the same phone call.

Personal Identification Number (PIN)

The on-line continued claims application and the IVR system for filing your weekly-continued claim or reactivating an existing claim require you to enter a four-digit personal identification number (PIN). Your PIN protects you from having another person file your claim or obtain information about your claim.

You will select your own PIN the first time you call in or log in on-line to report your weekly-continued claim.

Be sure to select a PIN that will be easy to remember, since you must use the same PIN each time you log in or call to file your weekly-continued claim or reactivate an existing claim. Do not use the repeated numbers (such as 1111 or 3333) or numbers in sequence (such as 1234).

Note: In some cases you will need to select a new PIN the first time you log in or call in your continued claim after reactivating an existing claim.)

You, the claimant, are responsible for the answers to the questions presented by the on-line web application and the IVR system so be sure you keep your PIN number secure.

Hours You Can Submit Your Weekly Claim

10:00 a.m., Saturday to 11:30 p.m., Sunday
or
8:00 A.M. to 8:00 P.M., Monday through Thursday
8:00 A.M. to 7:00 P.M., Friday

Image 11

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It is not permissible for any other individual to file your weekly-continued claim for you. Do not share your PIN with anyone.

If you forget your PIN or you think someone else knows your PIN, report this immediately to Iowa Workforce Development and you will be provided instructions on how to establish a new PIN.

Preparing to File Your Weekly-Continued Claim

1. Be sure to have your Social Security number and your PIN number.
2. If you worked during the week or you received

or will receive vacation or holiday pay, etc. during the week, be sure you know the gross (before deductions) amount in dollars before

you call.

3. Have a pencil and paper handy to write down information you may need when contacting Iowa Workforce Development.

Reporting Your Weekly-Continued Claim

Each time you file your weekly-continued claim, you will be asked a series of basic questions that can be answered by responding yes or no. You will also be asked to provide basic information that will depend on the answers you provide to the basic questions.

A sample script is provided below for you to review prior to filing your first continued claim. Reviewing this sample script may save you time and confusion.

Sample Telephone IVR Script

1. Welcome to Iowa's unemployment insurance

reporting system. For English, press one. For Spanish, press two.

2. Please enter your Social Security number.

3. You entered [repeats what is entered in number 2]. If this is correct, press one. If this is not correct, press two.

If a PIN number has already been established. Caller will not be asked questions 4, 5, and 6.

4. Please enter your birth date. For example, June 14, 1966 would be

entered as 06141966.

5. Please enter a new 4 digit PIN number. Do not use repeated numbers (such as

1111 or 3333 or numbers in sequence (such as 1234).

6. Your PIN number has been set to [repeats what is entered in number 5

]

7. Please enter your 4 digit PIN Number.

8. Thank You. Please hold while the system retrieves your claim information. This may take up to one minute.

9. To check on the status of your claim, press one.

To file your weekly-continued claim, press two.

To change personal information, press three.

For questions on a scheduled fact finding or to speak with a customer service representative, press four. To repeat this menu, press nine. To return to the previous menu, press *.

10. You may enter your claim for the week ending [System calculated this date based on the expected week ending date].

11. It is important that you answer all questions truthfully. WARNING! Attempting to claim and receive unemployment insurance benefits by entering false information can result in loss of benefits, fines and imprisonment. To show you understand the warning message, please press one now. To show that you do not understand the warning message, press two.

12. Your weekly-continued claim can now be

entered. If you hang up before the system tells you thank you and that your weekly continued claim has been filed, your answers will not be recorded and your payment will not be made.

13. Did you work during the week ending [System

calculated this date based on the expected week ending date]? If yes, press one. If no, press two.

Questions 14, 15, 16 and 17 will only be asked if you answered yes to question 13.

14. Was this self-employment? If yes, press

one. If no, press two.

15. Enter the gross amount of wages rounded to the nearest dollar followed by the pound (#) key.

16. You said that you worked the week

ending [System calculated this date based on the expected week ending date]. If you are still working, press one.

If you are laid-off, press 2. If you were discharged, press three. If you quit, press four.

17. During the week claimed you worked and

earned \$ [Amount you entered in number 15] and you were [Option you selected in number 16]. If this is correct, press one. If this is not correct, press two.

Image 12

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18. Enter the gross amount of holiday pay rounded to the nearest dollar followed by the pound (#) key. For no pay, enter zero followed by the pound key.

19. You said you received or will receive [Amount

you entered in number 18] holiday pay. If this is correct, press one. If this is not correct, press two.

20. Enter the gross amount of vacation or severance pay rounded to the nearest dollar followed by

the pound (#) key. For no pay, enter zero followed by the pound key.

21. You said you received or will receive [Amount you entered in number 20] vacation or severance pay. If this is correct, press one. If this is not correct, press two.

22. Are you now receiving a private pension or military retirement? If yes, press one. If no, press two.

23. Were you ready, willing, able and available for work during the week ending [System calculated this date based on the expected week ending date]? If yes, press one. If no, press two.

24. Did you refuse any job offers or job referrals during the week? If yes, press one. If no, press two.

Questions 25, 26 and 27 will not be asked if work search is waived.

25. Enter the number of employers you contacted followed by the pound key.

26. Were at least two contacts made in person? If yes, press one. If no, press

two.

27. Please remember it is your responsibility to keep a complete record of your work search contacts, as directed by the Workforce Development Center, and to provide a copy if requested.

28. The law imposes penalties for false statements.

Do you certify the statements which you entered are true for the week ending [System calculated this date based on the expected week ending date]? If yes, press one. To hear this statement again, press two. To cancel your claim, press three.

29. Thank you. Your claim for the week ending

[System calculated this date based on the expected week ending date] has been filed. To avoid a delay in benefit payments, please remember you must file each week.

How to Determine the Status of Your Claim and

When You Will Be Paid

After you have claimed your first two weeks you can find out the status of your claim for benefits on-line at <https://uiclaims.iwd.iowa.gov/weeklyclaims> or by telephone at (800) 850-5627, the same number you use to file your weekly-continued claim. Just follow the prompts in the same manner as you would to file your weekly claim and press one when the system instructs, "To check on the status of your claim, press one. To file your weekly continued claim, press two. To change personal information, press three. For questions on a scheduled fact finding or to speak with a customer service representative, press four. To repeat this menu, press nine. To return to the previous menu, press *"

You can find out:

- The last week you claimed, if any.
- When your last payment was applied to your debit card or forwarded to your financial

institution.

- The amount of the payment.
- Remaining balance (in dollars).

The status of claim option is **only** available **8:00 A.M. to 8:00 P.M., Tuesday through Thursday and 8:00 A.M. to 7:00 P.M., Friday.** (If Monday is a holiday, the status of claim option is not available until Wednesday of that week.)

How to Get Paid

Payment by Pre-Paid Debit Card

You will receive a weekly payment that is applied to a pre-paid debit card unless you have requested direct deposit. You may access funds at your convenience using the pre-paid debit card. The debit card will allow you to:

- Make purchases or get cash back at a merchant
- Get cash at an ATM
- Get cash from a teller in a Bank or Credit Union

The pre-paid debit card option will also allow you unlimited access through a secure website or the Integrated Voice Response System (IVR) to:

- Check your balance
- Select or change your Personal Identification Number (PIN)

Note: The PIN for your pre-paid debit card may be different than the PIN used for reporting to Iowa

Workforce Development.

- Review transaction history
 - Sign up for and receive notification of deposits by telephone or email
-

Image 13

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- For telephone notification of deposits posted to your account, call the customer service IVR at (866) 899-5611 and follow the prompts to setup this service. Each month you are allowed six (6) free calls to the IVR to check your balance and obtain account information.
- For email notification of deposits to your

account, go to

<https://www.EPPICard.com>.

Setup your ID and password and enter your personal email address.

You have unlimited access to the on-line service to check your balance and obtain account information.

Your first benefit payment will be applied to the pre-paid debit card, if determined eligible (about three weeks), you will begin receiving weekly deposits to your debit card account. If you file your continued claim each week on Saturday, Sunday, or Monday, your payment **should be** applied to your debit card on Thursday*.

Exception: If there is a holiday during the week, payment will be delayed an extra workday. Since you will **not** receive any written notification of the deposit, it is your responsibility to verify receipt of the deposits posted to your debit card account by using the unlimited access through the secure website at <https://EPPICard.com> or by calling the IVR toll free number at (866) 899-5611.

Payment by Direct Deposit

To setup direct deposit you must obtain your financial

institution's transit number and your account number (savings or checking) and complete the Direct Deposit Agreement form 60-0351 at the back of this handbook or print the form from our website at <http://www.iowaworkforce.org/ui/60-0351.pdf>. The form provides you with instructions on how to locate the transit number and account number or you may contact your financial institution. You must return the completed form to:

After you receive your first payment (about three weeks) and your form is processed, you will begin receiving weekly deposits. If you submit your continued claim each week on Saturday, Sunday, or Monday, your payment **should be** deposited in your account on Friday*.

Exception: If there is a holiday during the week, payment will be delayed an extra workday. Since you will **not** receive any written notification of your deposit, it is your responsibility to verify receipt of the deposit from your financial institution.

*Due to circumstances outside our control, sometimes checks are not deposited or received on the expected day.

Denial of Benefits

Even though you may meet all other requirements, you may be disqualified from receiving unemployment insurance.

Some of the reasons you may be disqualified for benefits are:

- **Quit** your job without good cause attributable to your employer.
- Were **discharged** or suspended for **misconduct** in connection with your job.
- Refused suitable work with an employer or recall to suitable work by your former employer.
- Are **not able** to work, **not available** to work or **not actively seeking work** as required.
- Are unemployed due to a **strike or labor dispute**.

- **Have set unrealistic limitations** on the wages, hours or days, types of work or locations of a job **you will** accept.

- **Fail to report** to the IowaWORKS Center or satisfactorily **participate in re-employment**

services when told to do so.

- Are a **school employee with** either a **contract** or **reasonable assurance** of returning to work when school resumes the next academic year

or term. If you are an educational employee, ask if this applies to you.

- Fail to return the Work Search History form when requested.

How to Reactivate Your Claim

If you have an existing claim, (claims are effective for one year) and you stopped claiming (weekly-continued claim call) for one or more weeks and you want to receive benefits again, you must reactivate your claim.

Reactivating an existing claim can be done on-line, at <http://www.iowaworkforce.org>.

Iowa Workforce Development
Unemployment Insurance Service Center
P.O. Box 10332
Des Moines, IA 50306-0332

Image 14

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If you only worked for one employer during the past six months, you may reactivate an existing claim over the telephone using the UI Service Center's Interactive Voice Response (IVR) system.

You must reactivate your claim during the week you want to claim not after the week is over. The telephone system will ask you if you have worked since you last filed for unemployment benefits. **This means since you filed your last weekly- continued claim or since you last activated your existing claim even though you may not have reported any weekly-continued claims.** If

you have worked, your answer should be yes. If you haven't worked (didn't claim a week or more due to illness, vacation, etc.) answer no.

If there is a problem on your claim or you worked for more than one employer, you will be instructed to reactivate your claim using the on-line application.

When you call to reactivate your claim, the computer will play a prerecorded message (a script). You will be asked to provide information and answer yes and no questions using your telephone keypad.

Sample scripts are provided in this handbook for you to review prior to making your call to reactivate your claim. Reviewing these scripts may save you time and confusion during your call.

Please be sure to listen very carefully to the script you hear when you call since that script may not match the sample scripts.

Touch-Tone Telephone Reactivation of an Existing Claim

To reactivate your existing claim by telephone, just call (866) 239-0843. An Interactive Voice Response (IVR) unit will answer. A prerecorded voice will ask you to provide information by responding to questions one at a time. You answer **yes** by pressing number **1** and **no** by pressing number **2**.

Several of your answers will be repeated to you by the computer system to make sure the information is correct. If it is not, you will be instructed on how to change your answer.

Important: If you get disconnected or hang up before the system asks you to certify your statements as being true and you respond that they are, you will have to call again to reactivate your claim.

Preparing to Reactivate an Existing Claim

1. Be sure to have your Social Security number and your PIN number for the call.
2. If you have worked since you last reported a

weekly continued claim or activated your claim, you will need the following information:

- Name and address of your employer.
- Date you started working for your most

recent employer, and

- The date you last worked for that emplo

yer.

3. If you have received or will receive vacation and/or severance pay, you will need the ending date of the period covered by that pay.
4. Have a pencil and paper to write down

information that you may need, such as your work search requirements.

Sample Telephone IVR Scripts

Sample 1—Temporary Layoff

The caller was temporarily laid off on 01-04-2008 and filed a valid claim with an effective date of 01-06-2008. He/She drew several weeks of benefits and then returned to work with the same employer on 01-28-2008, so the last week claimed was 01-25-2008. He/She is again temporarily laid off from that same employer, his/her last date worked was 06-20-2008, and he/she won't receive any vacation or severance pay. The caller expects to be recalled by his/her employer. The caller waits until Monday morning the 23rd of June to call the IVR and reactivate the existing claim because Monday starts the week that he/she is unemployed.

1. Welcome to the Unemployment Insurance Service Center, a service of Iowa Workforce Development. For English, press one. For Spanish, press two.

Hours You Can Reactivate Your Existing Claim

The Internet filing option is available 24 hours a day, seven days a week

Touch-Tone Telephone IVR System
8:00 A.M. to 8:00 P.M., Monday through Thursday
8:00 A.M. to 7:00 P.M., Friday
9:00 A.M. to 2:00 P.M., Saturday

(With the exception of state holidays)

Image 15

2. If you have filed a claim for unemployment insurance benefits, press one. If you are an employer, press two. If you have not filed a claim for unemployment insurance and have general questions, press three.

Caller has filed a claim and wants to reactivate an existing claim (reopen an old claim), and presses 1.

3. Please enter your 9 digit Social Security number.

4. You entered [repeats entry]. If this is correct, press one. If this is not correct, press two.

Caller presses 1.

5. Please enter your 4 digit PIN number.

6. Thank You. Please hold while the system retrieves your claim information. This may take up to 1 minute.

7. To check on the status of your claim, press one. To reactivate an existing claim, press two. To change personal information, press three. For questions on a scheduled fact finding or to speak with a customer service representative, press four.

Caller wants to reactivate an existing claim and presses two.

8. Have you worked since [System calculated date]? If yes, press one. If no, press two.

Caller presses 1 because he/she had returned to work and is now laid off again.

9. Have you worked for a different employer since [System calculated date]? If yes, press one. If no, press two.

Caller has only worked for one employer, so presses 2.

10. If you were laid off due to lack of work, press one. If you were laid off because the business permanently closed, press two. If you are not working because you quit, press three. If you were discharged, press four. If there was a strike, lock out or labor dispute, press five. If you are still working reduced hours, press six. If none of these apply, press seven. To repeat these options, press nine.

Caller is temporarily laid off, so presses 1. (Although the business may be closed down

during the layoff, it is not permanently closed.)

11. Did you decline to bump an employee with less seniority? If yes, please press one. If no, press two.

Caller wasn't laid off because he/she

declined to bump another employee with less seniority, so presses 2.

12. Do you expect to be recalled by your most recent regular employer? If yes, please press

one. If no, press two.

Caller expects to return to work with the employer in a reasonable period of time, so presses 1.

13. Enter the date you started working for your

most recent employer. For example, July 5, 1998, would be entered as 07051998.

14. Enter the date you last worked. For example, January 2, 2012, would be entered as

01022012.

15. Will you receive severance or vacation pay? If yes, press one. If no, press two.

16. You said you started work on [Date entered in number 13]. You said you last worked on [Date entered in number 14]. You said the last day you were or will be paid was [System calculated this date based on the caller providing the date he/she last worked and indicating no severance or vacation pay]. If this is correct, press one. If not correct, press two.

Caller presses 1 because the responses are correct.

17. Are you able and available for work? If yes, press one. If no, press two.

Caller is able and available for works so presses one.

18. You said you [Repeats selected option in number 17]. If this is correct press one. If not, press two.

Caller presses 1 because response is correct.

19. The law imposes penalties for false statements.

Do you certify the statements you entered are true? If yes, press one. If no, press two. To hear this message again, press three.

Caller certifies the statements given are true

by pressing 1.

20. Your claim has been reactivated effective [System calculated date]. You must notify Iowa Workforce Development if your lay off status changes and your lay off becomes indefinite.

21. To return to the previous menu, press *. To

end this call, press two or hang up.

Image 16

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Sample 2—Hasn't Worked Since Last Claiming

The caller was permanently laid off on 01-04-2008 and filed a valid claim with an effective date of 01-06-2008. He/She drew several weeks of benefits, then went to take care of a sick family member for three weeks and was not available for work, so he/she did not call in weekly-continued claims for those weeks. He/She became available for work again on 02-15-2008. He/She waits until Monday morning the 18th of February to call the IVR and reactivate the existing claim because he/she wasn't available for work the majority of the previous week(s), so Monday starts the first week he/she is available.

1. Welcome to the Unemployment Insurance Service Center, a service of Iowa Workforce Development. For English, press one. For Spanish, press two.

2. If you have filed a claim for unemployment insurance benefits, press one. If you are an employer, press two. If you have not filed a claim for unemployment insurance and have general questions, press three.

Caller has filed a claim and wants to reactivate an existing claim (reopen an old claim), and presses 1.

3. Please enter your 9 digit Social Security

number.

4. You entered [repeats entry]. If this is correct, press one. If this is not correct, press two.

Caller presses 1.

5. Please enter your 4 digit PIN number.

6. Thank You. Please hold while the system retrieves your claim information. This may take up to 1 minute.

7. To check on the status of your claim, press one.

To reactivate an existing claim, press two. To change personal information, press three. For questions on a scheduled fact finding or to speak with a customer service representative, press four.

Caller wants to reactivate an existing claim and presses two.

8. Have you worked since [System calculated date]? If yes, press one. If no, press two.

Caller presses 2 because he/she has not worked.

9. Are you able and available for work? If yes,

press one. If no, press two.

Caller is able and available for works so presses one.

10. You said you [Repeats selected option in number 9]. If this is correct press one. If not, press two.

Caller presses 1 because response is correct.

11. The law imposes penalties for false statements.

Do you certify the statements you entered are true? If yes, press one. If no, press two. To hear this message again, press three.

Caller certifies the statements given are true

by pressing 1.

12. Your claim has been reactivated effective [System calculated date]

13. To return to the previous menu, press *. To end this call, press two or hang up.

What Happens When Your Claim Is Protested

All employers you've had for the last 18 months can potentially be liable for your unemployment insurance benefits; therefore, they are eligible to protest.

If you indicated in your claim that you quit or were fired from your most recent job, your claim is automatically protested.

Fact-Finding Interview

If your claim for UI is protested, Iowa Workforce Development may arrange a fact-finding interview. You should continue to phone in weekly-continued claims if your claim is protested.

The fact-finding interview will be conducted by telephone. You and the employer will receive a **Notice of Unemployment Insurance Fact-Finding Interview** containing the scheduled date, time, and the telephone number where you will be called for the interview. Complete instructions are provided on the notice you receive.

If you will not be available to participate, notify IWD immediately or you may lose your benefits. Follow the instructions on the notice you received to contact Iowa Workforce Development.

Within a few days of the interview, you will receive an appealable decision in the mail. Read it carefully. If it is favorable to you and there are no additional issues, your claim will be released so you can begin receiving payments. However, if the decision is later reversed on

appeal, you will be required to repay the benefits you received.

Image 17

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**If You Are Denied Benefits, Can You Appeal
First-Level Appeal—Administrative Law Judge**

If you or the employer disagrees with a decision, either party has the right to appeal and present testimony to an administrative law judge.

The appeal must be postmarked or received within 10 calendar days after the mailing date shown on the decision. You may mail your appeal to:
Iowa Workforce Development

Appeals Bureau

1000 East Grand Avenue
Des Moines, IA 50309-0209
or

Fax it to (515) 242-5144

You may contact the Appeals Bureau at (515) 281-3747 or your local IowaWORKS Center to assist you in filing an appeal or answering general questions.

If the decision is appealed by either you or the employer, a **formal** hearing over the telephone with an administrative law judge is scheduled. However, you or the employer may request an in-person hearing. The party requesting the in-person hearing must travel to the IowaWORKS Center closest to the **other** party.

There are 15 IowaWORKS Centers that conduct inperson hearings.

Note: You should continue to file your weeklycontinued claims during the appeal process.

If you receive a notice for a telephone hearing, you will be instructed to telephone the Appeals Bureau immediately to verify that you will participate and to provide the phone number where you and witnesses can be reached. The Appeals Bureau phone number on the notice is toll-free.

Warning: If you do not telephone the Appeals Bureau prior to your scheduled hearing, you will **not** be called to participate.

Unlike the fact-finding interview, an appeal hearing is **formal due process** where all parties are sworn in and the hearing is recorded on tape.

The administrative law judge will take new statements concerning the issue even if a statement was already given at the fact-finding interview. Either party can submit additional evidence at the hearing, so it is important you participate. You may choose to be represented by an attorney but you must do so at your expense.

The administrative law judge makes an impartial decision based on the information presented at the

hearing and the contents of your file. You will receive the administrative law judge's decision in the mail in about 10 to 14 days.

Second-Level Appeal - Employment Appeal Board

If you or the employer disagrees with the administrative law judge's decision, it may be appealed to the Employment Appeal Board. The appeal must be postmarked within 15 calendar days from the mailing date of the administrative law judge's decision.

Members of the Employment Appeal Board are appointed by the governor to equally represent (1) employees, (2) employers, and (3) the general public. The board is in the Iowa Department of Inspections and Appeals, located in the Lucas State Office Building.

All parties will receive a **written transcript** of the administrative law judge's hearing and will be given an opportunity to submit a written **summary** of their side.

The Employment Appeal Board does not hold hearings. The board decides each case by reviewing all the evidence that was presented to the administrative law judge. The board may affirm or reverse the administrative law judge's decision or may send the case back to the administrative law judge for further review or order a new hearing and decision if they feel the evidence in the administrative law judge's hearing is not sufficient or is incomplete. It usually takes 60 to 180 days from the date the appeal is filed to receive the Appeal Board decision.

If you disagree with the Employment Appeal Board decision, you may file a petition for judicial review in Iowa District Court or request a rehearing before the Appeal Board. The procedure and appeal deadlines are indicated on the decision.

What If You Are Overpaid

If you receive benefits to which you are not entitled, you will be liable for repayment of those benefits.

Iowa Workforce Development will recover an overpayment by requiring you to repay the total overpayment amount or repay under an installment payment plan if approved by the department. If you become eligible for unemployment insurance benefits in the future and you have an overpayment balance, your overpayment will be recovered by deducting it from any benefits you might otherwise receive on a weekly basis. No unemployment insurance benefits can be paid on a regular unemployment insurance claim until the overpayment has been recovered.

If you have an overpayment of at least \$50, the department will **garnish your Iowa state tax refund,**

Image 18

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lottery prize, or vendor payment. If fraud is involved, the Investigations and Recovery Bureau may file a lien against your property and/or garnish wages to recover the overpayment.

Note: Total overpayment amounts include payments made to you and payment made on your behalf to revenue agencies for tax withholding and to the Child Support Recovery Unit for child support.

Are Benefits Taxable

All unemployment insurance benefits are fully taxable on your state income taxes. You have the option of having federal and/or state taxes withheld from your benefit payments. Deductions are **10 percent** of the gross benefit payment for federal taxes and **5 percent** of the gross benefit payment for state taxes. If you elect to have taxes deducted, you will have to complete and sign the Tax Withholding Agreement form found at the back of this handbook.

Please check your options for federal or state or both, sign, date and return the form to:

Iowa Workforce Development
Unemployment Insurance Service Center

P.O. Box 10332

Des Moines, IA 50306-0332

By January 31 of each year, you will be mailed a Form 1099-G telling you the amount of benefits you were paid during the previous year and any federal and/or state taxes that were withheld. The Internal Revenue Service and the state Department of Revenue and Finance also are advised of the amount of benefits paid to you and deductions withheld for you.

Requirements exist pertaining to quarterly tax payments. If you need tax assistance, contact the Internal Revenue Service at (800) 829-1040.

Using Wages Earned in Another State, the Military or the Federal Government

When you file a claim you must report all wages in **all**

states in the last 18 months, including wages from the **military and federal** employers, and provide complete addresses and dates of employment. If we have to request wage information from another state or the federal government, your claim will be delayed until we receive this information (usually about one week).

To receive **credit for military** wages, you need to provide a copy of your DD-214 (Member 4). If you served in the reserves, you must have had at least 90 consecutive days of active service for these wages to be used. The military service, not Iowa Workforce Development, determines if your earnings can be used on a claim.

If you worked for the **federal** government (nonmilitary), please send, if available, copies of your check stubs, W-2 and SF-8, which show the payroll address of your federal employer to the UI Service Center.

Iowa Workforce Development will inform you of your options in filing if you have any wages from out of state, the military or the federal government.

If You Move Out of Iowa, May You Claim Benefits Using Your Iowa Wages Interstate Claim

If you filed a claim in Iowa and then moved out of state, go to or call the nearest public employment service office in the state where you live. That office will register you for work. You will be instructed by your resident state to call the Iowa Unemployment Insurance Service Center to change your address and telephone number. **(You must notify the UI Service Center of any address changes because unemployment insurance correspondence may not be forwarded by the Postal Service.)** You will continue to file your weekly-continued claims using the toll-free number in Iowa. Iowa will continue to be the state paying your benefits until you obtain work, exhaust benefits, or your benefit year expires.

If you move out of Iowa and then want to file for benefits using Iowa wages, you must report to the nearest unemployment insurance office in the state where you are now living. That office will register you for work and instruct you to call the Iowa UI Service Center Interstate line to file your application for benefits.

Note: If you have worked in the state you moved to, you may be eligible to combine your wages from Iowa and the other state. This may increase your WBA and MBA, so be sure to ask your resident state about that option.

The UI Service Center will then administer your claim and mail you all the information you need to claim benefits. You will file your weekly-continued claim online or by telephone as explained in Reporting Your Weekly-Continued Claim.

Once you establish an Iowa interstate claim, **Mail all correspondence to:**

Unemployment Insurance Service Center
P.O. Box 10332

Des Moines, IA 50306-0332
For telephone inquiries, call (866) 239-0843

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The Quality Control Program

The Quality Control program randomly selects claimants who are currently filing for benefits and reviews their claim. If you are selected, you will be asked to verify any wages you've earned and work search contacts you've made. You are required to attend an interview with a Quality Control representative. If you refuse to cooperate, you may be denied benefits. If you are selected for a review, it does not mean we suspect you have done something wrong. The federal government, for program improvement, requires the Quality Control program.

Release of Information

Information on your unemployment insurance claim is considered confidential by law. You may have a copy of all information in your file if you contact the UI Service Center or submit a written and signed request. Only general information may be given over the telephone. If you provide a written and signed request, wage record information will be provided to a third party.

Information on your claim **does** become a matter of **public record** if you receive an appeal decision on your

claim from an administrative law judge (see First-Level Appeal).

Iowa Workforce Development will release information on your claim to various federal and state agencies if requested, and we are required to provide it by law, rule or regulation.

Are There Any Other Benefit Programs Workforce Investment Act

If you are unemployed as a result of a permanent layoff, plant or business closing, and you have had the same type of job for many years, you may be eligible for this special dislocated worker program. If you think you qualify for this program, ask for more specific information.

Trade Act

If you are unemployed due to foreign imports, you may qualify for Trade Adjustment Assistance. If you think you qualify for this program, ask for more specific information.

Workers' Compensation Unemployment Insurance Claim

If you have recovered from a workers' compensation injury or illness and you lack the necessary earnings to qualify for an unemployment insurance claim as explained in *What Are the Wage Requirements?*, you may be eligible to receive benefits based on wages you were paid before the workers' compensation claim. If

you think you qualify for this program, ask for more specific information.

Disaster Unemployment Assistance (DUA)

If you are unemployed as a result of a disaster and you lack the necessary earnings to qualify for an unemployment insurance claim as explained in *What Are the Wage Requirements*, you may be eligible to receive benefits based on non-covered wages. If you think you qualify for this program, ask for more specific information.

When Benefits Are Exhausted

When either the national or Iowa unemployment rates exceed a certain level, you may be entitled to additional weeks of benefits after exhausting all regular benefits. If an extended benefit period is declared and it appears that you qualify, you will be notified to contact Iowa Workforce Development.

Fraud

You commit fraud if you knowingly make false statements, provide false information, or withhold information to obtain benefits. Examples of fraud include failure to properly report work and earnings or a job separation. **Attempts to claim and receive benefits fraudulently can result in loss of benefits, fines or imprisonment.** Be sure you make no false statement when applying for unemployment insurance or during the time you are claiming and receiving benefits.

Equal Opportunity Is the Law

Iowa Workforce Development is an equal opportunity employer and does not discriminate in its programs and services on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation, or belief, and for beneficiaries only, citizenship or participation in WIA.

If you think you have been subjected to discrimination you should contact the affirmative action officer located at:

Iowa Workforce Development

1000 East Grand Avenue
Des Moines, Iowa 50319-0209

Auxiliary aids and services are available upon request to individuals with disabilities.

Image 20

18

WORK RECORD

Gross wages you earn while you are claiming partial benefits must be reported during the week they are earned (not paid). They must be reported on a **Sunday through Saturday** basis regardless of the work week normally used by your employer. You may want to record your earnings on this form so you can properly report them on your continued claim.

SUN

MON

TUES

WED

THURS

FRI

SAT

Rate of Pay:

Week
Ending

#Hours
Worked

#Hours
Worked

#Hours
Worked

#Hours
Worked

#Hours
Worked

#Hours
Worked

#Hours
Worked

Total
Hours

Total
Wages

Image 21

19

RECORD OF WORK SEARCH

You are required to keep a list of your work search contacts in this handbook. You should keep this copy for at least one year.

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

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Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Image 22

20

RECORD OF WORK SEARCH

You are required to keep a list of your work search contacts in this handbook. You should keep this copy for at least one year.

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

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Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Date Company Name Person Contacted Results of Contact

Company Address Phone No. Method of Contact

Image 23

IOWA WORKFORCE DEVELOPMENT

Tax Withholding Agreement

60-0360 (08-2009)

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf, and hard of hearing, use Relay 711

Local Office Use

380 Federal 2 = Y 1 = No

381 State 2 = Y 1 = No

Station Desk

Social Security Number

First Name MI

Last Name

I hereby authorize Iowa Workforce Development to start or change withholding the following income taxes from my unemployment benefits.

FEDERAL withholding equal to 10 percent of my gross weekly benefit payment.

1. No (Stop)

2. Yes (Start)

1. No (Stop)

2. Yes (Start)

IOWA withholding equal to 5 percent of my gross weekly benefit payment.

If you are paid \$10.00 or more in unemployment insurance benefits, Iowa Workforce Development will mail a form 1099-G listing the amount of benefits paid to your address of record by January 31. The 1099-G also will list the amount(s) of any federal and/or state taxes withheld the previous year.

Claimant Signature _____ Date
Signed _____

Complete and make a copy for your files. Return original to: **Iowa Workforce Development Center
Unemployment Insurance Service Center
P.O. Box 10332
Des Moines, IA 50306-0332**

Administrative Use Only

O.C. Date

Image 24

Image 25

IOWA WORKFORCE DEVELOPMENT

Direct Deposit Agreement

60-0351 (08-2009)

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf, and hard of hearing, use Relay 711

Administrative Use Only

O.C. Date

READ THE BACK OF THIS AGREEMENT BEFORE FILLING IT OUT

Social Security Number

First Name MI

Last Name

Checking

Savings

Start Direct Deposit **Stop** Direct Deposit And Return to Debit Card **Change** Direct Deposit

I hereby authorize the State of Iowa, Iowa Workforce Development to pay directly to my account identified below, and I additionally authorize the depository to credit the deposits to my account. The department can only deposit funds in the account of the above named individual, if eligible for direct deposit.

It is your responsibility to verify deposit of funds with your bank or financial institution.

Name of Bank or Financial Institution Branch

City Zip Code

I authorize the Unemployment Insurance Service Center to receive information from my financial institution regarding this account to investigate/resolve any potential discrepancies or errors in the receipt of unemployment insurance benefits.

Bank Transit/ADA Number (9 digits)

Account Number (up to 17 digits)

The State of Iowa, Iowa Workforce Development, is **NOT** responsible for erroneously reported bank transit numbers, account numbers, nor for the completion of this agreement in the event the institution you select is not participating in the Direct Deposit program through the Federal Reserve System.

Claimant Signature: _____ Date Signed: _____

Complete and make a copy for your files. Return original to: **Iowa Workforce Development Center
Unemployment Insurance Service Center
P.O. Box 10332
Des Moines, IA 50306-0332**

State

Image 26

INSTRUCTIONS

To Start

or

Change:

To Stop:

1. Write in Social Security number.
2. Write your name.
4. Check the box for either a start or change.
5. Check the box for the type of account you have, e.g., savings or checking

6. Write in the bank name and branch.
8. Write in the bank transit/ABA number and bank account number, using only letters and numbers, NO SPACES, HYPHENS OR CHARACTERS. (See sample below)
10. Sign and date the form.

Starting with the first box, writing left to right, write ONLY your number, leaving the remainder of the boxes blank. On a checking account these numbers are printed at the bottom of your checks.

Your bank, credit union, or savings and loan institution will be able to provide you with your account number to receive your unemployment insurance benefits direct deposit.

If you are paid \$10.00 or more in unemployment insurance benefits, Iowa Workforce Development will mail a form 1099-G listing the amount of benefits paid to your address of record by January 31. The 1099-G also will list the amount(s) of any federal and/or state taxes withheld the previous year.

1. Write in your name and Social Security number.
2. Check the box for a stop.
3. Date and sign the form.

Image 27

25

IowaWORKS Center Directory

If you have any questions concerning registration for work or general unemployment insurance questions, contact

your nearest *IowaWORKS* Center listed below or you can look up information at one of our Access Point locations.

Please visit www.iowaworkforce.org for Access Point location information.

If you are an interstate claimant (filing against Iowa from another state), please call the Unemployment Insurance

Service Center at (866) 239-0843.

*Indicates offices that conduct in-person appeal hearings.

Burlington*	(319) 753-1674
Carroll*	(712) 792-2685
Cedar Rapids*	(319) 365-9474
Council Bluffs*	(712) 242-2100
Creston*	(641) 782-2119
Davenport*	(563) 445-3200
Decorah*	(563) 382-0457
Des Moines*	(515) 281-9619
Dubuque*	(563) 556-5800
Fort Dodge*	(515) 576-3131
Fort Madison	(319) 372-4412
Iowa City	(319) 351-1035
Marshalltown	(641) 754-1400
Mason City*	(641) 422-1524
Ottumwa*	(641) 684-5401
Sioux City*	(712) 233-9030
Spencer*	(712) 262-1971
Waterloo*	(319) 235-2123
Webster City	(515) 832-5261

Image 28

Image 1

Message: RE: staying in touch**Case Information:**

Message Type: Exchange
 Message Direction: External, Outbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:43 PM
 Item ID: 40862015
 Policy Action: Not Specified

Mark History:

Date	Action Status	Reviewer
7/22/2014 9:01:41 AM	Reviewed	Koonce, Kerry

Policies:

No Policies attached

 **RE: staying in touch**

From Wilkinson, Michael [IWD] **Date** Tuesday, March 04, 2014 8:28 AM
To 'Craig Miller'
Cc

I would enjoy lunch again whenever it is convenient. Let me know when you are in town for a couple days.

From: Craig Miller [mailto:CMiller@captechconsulting.com]
Sent: Wednesday, February 26, 2014 5:46 PM
To: Wilkinson, Michael [IWD]; Craig Miller
Subject: RE: staying in touch

Mike
 No problem. Just didn't want to lose touch with you

Would love to connect. Is it worth a phone call as I'm traveling a lot or I can look to adjust my schedule. Happy to do that since it's been so long but also happy to do by phone.

What Do You think?

Craig

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----
From: "Wilkinson, Michael [IWD]"
Date: 02/26/2014 12:29 PM (GMT-05:00)
To: Craig Miller
Subject: RE: staying in touch

Hey Craig, I am really sorry. Yes I did get your note and I simply neglected to follow up.

Some things have changed around here with far too many delays. My schedule is packed next week, but maybe we could catch lunch or a drink the week of the 10th?

From: Craig Miller [mailto:CMiller@captechconsulting.com]
Sent: Wednesday, February 26, 2014 7:00 AM
To: Wilkinson, Michael [IWD]
Subject: RE: staying in touch

Mike
Just checking that you received my prior email.
Hope we can stay in touch
Craig

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: Craig Miller
Date:02/13/2014 8:18 AM (GMT-05:00)
To: "Wilkinson, Michael [IWD]"
Cc: Craig Miller
Subject: RE: staying in touch

Good morning Mike

Well it's hard to believe its mid-February already isn't it. I know you are deep into your busy season; how are things going?

We are good here. Keeping busy with good projects and good clients. Family is good though my middle child seems to be on the 7 year college plan which is driving me crazy. I keep pushing him to get his degree but it's all uphill. But he's a great kid. The other 2 kids are good as well.

How is your mom doing?

Anyway just wanted to stay in touch, as a friend first.

And of course, if there is anything I/CapTech can do for you, we would be excited to do so. Even if you just wanted a quick review of plans and progress.

Please keep us on your RFP list as new projects unfold.

Stay warm and lets stay in touch

Craig

From: Wilkinson, Michael [IWD] [mailto:Michael.Wilkinson@iwd.iowa.gov]
Sent: Monday, October 21, 2013 9:18 AM
To: Craig Miller
Subject: RE: staying in touch

Thanks for checking in. Hopefully you are going someplace exotic and WARM! November 17 we are kicking off the on line initial claim, Profile, Identity validation, and on-line continued claim. The overpayment piece is a little behind but still moving forward. I hate to say it, but the federal shutdown set us back. Some of our developers had to take time off so we are setting aside some of our plans until next spring. Have a great trip!

From: Craig Miller [mailto:CMiller@captechconsulting.com]
Sent: Sunday, October 20, 2013 8:57 AM
To: Wilkinson, Michael [IWD]
Cc: Craig Miller
Subject: RE: staying in touch

Hi Mike

Not sure why ☺ but I was thinking of you and the team, so I thought I'd just send a note to say Hi.

Going on vacation late next week which is well needed; working on a large transformation effort for a bank and there are a million balls in the air to juggle.

Cant believe Nov is around the corner

Hope you and the team are well.

Have any of the big projects implemented?

If so how did it go and are you seeing some relief for the busy period?

Well take care

Craig

From: Wilkinson, Michael [IWD] [mailto:Michael.Wilkinson@iwd.iowa.gov]

Sent: Friday, September 06, 2013 12:19 AM
To: Craig Miller
Subject: RE: staying in touch

Thank you Craig. As you can imagine, it is a flurry of activity. We have a couple delays, but nothing we can't live with. DOL asked for a copy of the final report. I have been talking about it a lot. I suspect they will hold us accountable for follow through, which fits well with our plans. Thanks for checking in.

From: Craig Miller [<mailto:CMiller@captechconsulting.com>]
Sent: Wednesday, September 04, 2013 3:17 PM
To: Wilkinson, Michael [IWD]
Cc: Craig Miller
Subject: staying in touch

Hey Mike

Well I wanted to stay in touch and I know August was a big month for IT delivery around your big projects.

How is it going and are the teams on schedule? Any surprises or delays?

Just checking in; let me know if I can do anything for you

Craig

Message: Fwd: IVR Modifications**Case Information:**

Message Type: Exchange
 Message Direction: Internal
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:44 PM
 Item ID: 40862058
 Policy Action: Not Specified

Mark History:

Date	Action Status	Reviewer
7/22/2014 9:01:41 AM	Reviewed	Koonce, Kerry

Policies:

No Policies attached

 **Fwd: IVR Modifications**

From Wilkinson, Michael [IWD] **Date** Wednesday, March 05, 2014 10:46 AM
To West, Ryan [IWD]; Eklund, David [IWD]
Cc

 [image001.jpg](#) (3 Kb HTML)  [ATT00001.htm](#) (3 Kb HTML)  [IVR- Test_Call_Flow_Scripts_Revised_5-01-2013\[1\].pdf](#)
 (274 Kb HTML)  [ATT00002.htm](#) (1 Kb HTML)

Thoughts?

Sent from my iPhone

Begin forwarded message:

From: "Roovaart, Michelle [IWD]" <Michelle.Roovaart@iwd.iowa.gov>
Date: March 5, 2014 at 9:27:50 AM CST
To: "Wilkinson, Michael [IWD]" <Michael.Wilkinson@iwd.iowa.gov>
Subject: FW: IVR Modifications

Mike,

The IVR flow also needs reviewed as it has changed from what is attached. The calls are no longer directed to voice mail due to the number of calls in queue. There are also other requirements such as the coding for adaptive services and where the IVR is going to get this information.

I have not been provided the information or been informed on how this is expected to work. We had one meeting and when I asked about the adaptive service coding, I was told it was decided and would need to ask a manager to find out what the coding was going to be as that was the protocol. I have not been notified of any meeting since then. The only meetings that I am invited to are the weekly updates on Mondays that you scheduled.

I am confused on what you expect of me as it seems that all my duties are being taken and placed with other staff. This would probably be easier to explain to you in person but the bottom line is that I feel that I am being pushed out and am concerned about what you expect of me and what you think my job duties should include.

Michelle

From: Nwizu, Hyginus [IWD]
Sent: Tuesday, March 04, 2014 5:17 PM
To: West, Ryan [IWD]

Cc: Roovaart, Michelle [IWD]; Gannon, David [IWD]; Budrevich, Steven [IWD]; Thielman, Richard [IWD]
Subject: FW: IVR Modifications

If any of these has default in the drop down of the web app (weekly certification), we have to review it. We need to force the claimant to answer the question. We are getting many more number of "Refuse Work" because the default is "True". This can apply to any of these fields below.

EVALUATE TRUE

```
When WorkStatusCode of KBK06I01-WeeklyClaim (1:10) =  
  'DidNotWork'  
  set workStatusDidNotWork of kbk060-request to true  
When WorkStatusCode of KBK06I01-WeeklyClaim (1:12) =  
  'StillWorking'  
  set workStatusstillworking of kbk060-request to true  
When WorkStatusCode of KBK06I01-WeeklyClaim (1:7) =  
  'LaidOff'  
  set workStatuslaidoff of kbk060-request to true  
When WorkStatusCode of KBK06I01-WeeklyClaim (1:10) =  
  'Discharged'  
  set workStatusdischarged of kbk060-request to true  
When WorkStatusCode of KBK06I01-WeeklyClaim (1:4) =  
  'Quit'  
  set workStatusquit of kbk060-request to true
```

END-EVALUATE

```
IF AbleAndAvailableIndicator OF KBK06I01-WeeklyClaim =  
  boolean-false  
  set ableavailableNo of kbk060-request to true  
ELSE  
  set ableavailableYes of kbk060-request to true  
END-IF
```

```
IF RefusedWorkIndicator OF KBK06I01-WeeklyClaim =  
  boolean-false  
  set refusedworkno of kbk060-request to true  
ELSE  
  set refusedworkyes of kbk060-request to true  
END-IF
```

```
IF VacationSeverancePay OF KBK06I01-WeeklyClaim < 0  
  MOVE 0 TO vacationPay OF kbk060-request  
ELSE  
  IF VacationSeverancePay OF KBK06I01-WeeklyClaim >  
    99999.99  
    MOVE 99999.99 TO vacationPay OF kbk060-request  
  ELSE  
    MOVE VacationSeverancePay OF KBK06I01-WeeklyClaim  
    TO vacationPay of kbk060-request  
  END-IF  
END-IF
```

```
IF HolidayPay OF KBK06I01-WeeklyClaim < 0  
  MOVE 0 TO holidayPay OF kbk060-request  
ELSE  
  IF HolidayPay OF KBK06I01-WeeklyClaim > 99999.99  
    MOVE 99999.99 TO holidayPay OF kbk060-request  
  ELSE  
    MOVE HolidayPay OF KBK06I01-WeeklyClaim  
    to holidayPay of kbk060-request  
  END-IF
```

From: West, Ryan [IWD]
Sent: Tuesday, March 04, 2014 5:14 PM
To: Nwizu, Hyginus [IWD]
Subject: FW: IVR Modifications

Ryan West
Regional Operations Manager
Phone (515) 725-3732
Fax (515) 281-9321

From: Roovaart, Michelle [IWD]
Sent: Friday, May 10, 2013 1:18 PM
To: Wilkinson, Michael [IWD]; Eklund, David [IWD]; Boten, Brenda [IWD]; West, Ryan [IWD]; Tryon, Robert [IWD]
Cc: Pearce, Frank [IWD]; Carson, Etha [IWD]
Subject: IVR Modifications

The IVR modifications have been tested and moved to production. I have attached the flow and scripts for your reference.

Michelle Roovaart
Management Analyst III
Unemployment Insurance Division
150 Des Moines St, Des Moines, IA 50309-1836
Phone (515) 242-0402 Fax (515) 242-0494

- [Image 1](#)
- [Image 2](#)
- [Image 3](#)
- [Image 4](#)
- [Image 5](#)
- [Image 6](#)
- [Image 7](#)
- [Image 8](#)
- [Image 9](#)
- [Image 10](#)
- [Image 11](#)
- [Image 12](#)
- [Image 13](#)
- [Image 14](#)
- [Image 15](#)
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- [Image 32](#)
- [Image 33](#)
- [Image 34](#)
- [Image 35](#)
- [Image 36](#)
- [Image 37](#)
- [Image 38](#)
- [Image 39](#)

Image 1

System
Available?

No

MSG 10-100 Welcome to the Unemployment Insurance Service Center, a service of Iowa Workforce Development.
MSG 10-101 For English, Press one.

MSG 10-100 Bienvenido al Centro de Servicio de Seguro de Desempleo, un servicio de Iowa Workforce Development.
MSG 10-101 Para Espanol oprima dos.

End

UISC Main Menu

MSG 10-103 If you have filed a claim for unemployment insurance benefits, press one. If you are an employer, press two. If you have not filed a claim for unemployment insurance and have general questions, press three.

MSG 10-104 If you have filed a claim for unemployment insurance benefits, press one. If you are an employer, press two. If you have not filed a claim for unemployment insurance and have general questions, press three. If you have questions on Disaster Unemployment Assistance, press four. **(This option should only be available during a declared disaster period)**

Calls coming into:
877-891-5344
866-239-0843

MSG 30-106 Thank you for contacting Iowa Workforce Development. Our customer service representatives are available 8:00 AM to 8:00 PM Monday through Thursday, 8:00 AM to 7:00 PM on Friday and 9:00 AM to 2:00 PM on Saturday. Please call back during these hours.

MSG 30-107 To file a claim, you may complete an application for benefits online at www.iowaworkforce.org, 24 hours a day, seven days a week. Select "Online Services" and then select "File an Unemployment Insurance Claim".

MSG 30-108 You may file your weekly continued benefit claim Monday through Friday from 7:30 AM to 5:30 PM and 10:00 AM Saturday to 11:30 PM Sunday online at www.iowaworkforce.org, Select "Online Services" and then select "File Your Weekly Continued Claim for Unemployment " or by calling 1 (800) 850-5627.

MSG 10-102 Place holder to insert special message.

Claimant
Flow Start

Revision Date: April 30, 2013

Yes

Employer
Flow Start

CSR
(UI

Questions)

CSR
(DUA)

Incoming
Communication

MSG 10-105 Place Holder to insert special message.

MSG 10-106 For more information Press one. To Continue, Press two. **Need option to turn this on or off.**

2

MSG 10-107 Place Holder to insert special message details and or instructions concerning the message.

1

1 3 & 42

Business
Hours?

MSG 30-116 (Pause) Please
hang up. Goodbye

MSG 30-106 Thank you for contacting Iowa Workforce Development. Our customer service representatives are available 8AM to 8PM Monday through Thursday, 8 AM to 7PM on Friday and 9AM to 2PM on Saturday. Please call back during these hours.
No

Yes

Image 2

MSG 11-102 You entered...

MSG 11-103 If this is correct, press one, if this is not correct, press two

Check Claim System for
claim and PIN info on
file for SSN entered.

Claim on
file?

Authenticate

Transferred,
IB1, pending,
etc?

MSG 11-105 Our records show you have a claim filed in another state. You must contact that state for information on your claim.

MSG 11-106 Your claim is still being processed. No information is available at this time.

End

MSG 11-104 We cannot find a claim under the social security number you entered.

Routing from: UISC Main
Menu or Claimant Menu

Revision Date: May 01, 2013

Claimant
Flow
Start

CSR

No

Yes

Yes

No

Yes

Business
Hours?

No

End

Yes

2 No

1

No

MSG 30-116 (Pause) Please
hang up. Goodbye

Pending

Trans, IB1, etc

MSG 30-101 To return to the
previous menu, press *.

MSG 30-109 To end this call, press
two or hang up.

MSG 30-116 (Pause) Please
hang up. Goodbye

Claimant Flow Start

MSG 11-100 Please enter your 9
digit Social Security Number

9 digits
entered?

MSG 11-101 You must enter
9 digits. Please try again.

3
rd try?

MSG 30-102 You have exceeded the
maximum number of attempts allowed.

MSG 30-106 Thank you for contacting
Iowa Workforce Development. Our
customer service representatives are
available 8AM to 8PM Monday
through Thursday, 8 AM to 7PM on
Friday and 9AM to 2PM on Saturday.
Please call back during these hours.

Check for CWC-T, IB1
pending processing, etc

Image 3

Incorrect PIN

CSR

Business
Hours?

End

Yes

No

End

MSG 30-116 (Pause) Please hang up. Goodbye

MSG 30-106 Thank you for contacting Iowa Workforce Development. Our customer service representatives are available 8AM to 8PM Monday through Thursday, 8AM to 7PM on Friday and 9AM to 2PM on Saturday. Please call back during these hours.

MSG 30-101 To return to the previous menu, press *.

MSG 30-109 To end this call, press two or hang up.

MSG 30-116 (Pause) Please hang up. Goodbye

MSG 12-102 The PIN number you entered has expired.

Yes

No

Authenticate

Set PIN

Set PIN

Invoke

Authentication

Claimant
Menu
Options

4 digits?

Yes

MSG 12-101 You must enter 4 digits for your PIN number.

Please try again.

3
rd try?

MSG 30-102 You have exceeded the maximum number of attempts allowed.

Revision Date: May 01, 2013

Claimant
Flow Start

Business
Hours?

No

CSR

(Reset PIN)

MSG 12-100 Please enter your 4 digit PIN number.

PIN

established?

MSG 12-104 The PIN number you entered does not match our records. Please Try Again.**MSG 12-103** Your PIN is locked. To reset your PIN number, you must speak with a Customer Service Representative.

MSG 12-105 Thank You. Please hold while the system retrieves your claim information. This may take up to 1 minute.

Yes

PIN ExpiredSuccessful PIN Locked

Yes

MSG 30-106 Thank you for contacting Iowa Workforce Development. Our customer service representatives are available 8AM to 8PM Monday through Thursday, 8 AM to 7PM on Friday and 9AM to 2PM on Saturday. Please call back during these hours.

No No

Yes

authenticated=false

authenticated = true

Screen pop with SSN, and reason = PIN Reset

Image 4

MSG 13-105 Please enter a new 4 digit PIN number. Do not use repeated numbers (such as 1111 or 3333) or numbers in sequence (such as 1234).

MSG 30-111 You entered an invalid Mo. Please try again.
MSG 30-112 You entered an invalid Day. Please try again.
MSG 30-113 You entered an invalid Yr. Please try again.
MSG 30-114 You must enter 8 digits. Please try again.

4 digits?

3
rd try?

3
rd try?

MSG 13-107 Your PIN number has been set to

MSG 13-109 The birthdate you entered does not match our records . Please try again.

Establish
PIN

Reason?

MSG 13-110 You have exceeded the maximum number of attempts to set your PIN. You must speak with a CSR.

Authenticate

MSG 13-106 You must enter 4 digits. Please try again.

MSG 30-102 You have exceeded the maximum number of attempts allowed.

MSG 13-108 You must establish a new PIN number. Do not use repeated numbers (such as 1111 or 3333) or numbers in sequence (such as 1234). Please try again.

Claimant
Menu
Options

authentica
ted?

Set PIN

Revision Date: May 01, 2013

MSG 13-100 Please enter your birthdate.
For example, June 14, 1966 would be
entered as 06,14,1966.

Valid
Date?

Business
Hours?

End

No

Yes

CSR

True

Yes

No

Yes

No

No

False

No

Not Successful

Yes Yes

Successful

Locked

Bad new PIN

Bdate mismatch

MSG 30-101 To return to the
previous menu, press *.

MSG 30-109 To end this call,
press two or hang up.

MSG 30-116 (Pause) Please
hang up. Goodbye

MSG 30-106 Thank you for
contacting Iowa Workforce
Development. Our customer
service representatives are
available 8AM to 8PM Monday
through Thursday, 8 AM to 7PM
on Friday and 9AM to 2PM on
Saturday. Please call back during
these hours.

Image 5

MSG 14-100 To check on the status of your claim, press one. To file your weekly continued claim, press two. To change personal information, press three. For questions on a scheduled fact finding or to speak with a customer service representative, press four.

MSG 30-100 To repeat this menu press nine.

MSG 30-101 To return to the previous menu, press *.

Claimant Menu Options

Claimant
Menu
Options

Reactivate
Claim

3

1 2

Current
Reporting
Status?

Claim
Expired?
(Past BYE)

MSG 14-102 To check on the status of your claim, press one. To reactivate an existing claim, press two. To change personal information, press three. For questions on a scheduled fact finding or to speak with a customer service representative, press four.

MSG 30-100 To repeat this menu press nine.

MSG 30-101 To return to the previous menu, press *.

MSG 14-101 To check on the status of your claim, press one. To change personal information, press two. To speak with a CSR, press three

MSG 30-100 To repeat this menu press nine.

MSG 30-101 To return to the previous menu, press *.

Personal
Info

Fact
Finding

4

Contiued
Claim

Revision Date: April 30, 2013

Benefit
Inquiry

Personal
Info

Benefit
Inquiry

Personal
Info

Fact
Finding

1

2

3

4

Benefit
Inquiry

EUC?

No

Yes

No

No

CSR
(UI

Questions)

3

Yes

1 2

Yes

Business
Hours?

MSG 30-106 Thank you for contacting Iowa Workforce Development. Our customer service representatives are available 8AM to 8PM Monday through Thursday, 8 AM to 7PM on Friday and 9AM to 2PM on Saturday. Please call back during these hours.

Yes

No

End

MSG 30-116 (Pause) Please hang up. Goodbye

Image 6

Yes No

Yes

BWE-Last
Blank?

No

BWE-Last
Blank?

No

Yes

2

Yes

Yes

No

No

No

MSG 15-106 Please continue to file your weekly continued claims and make work search contacts as previously instructed.

No

No

Yes

Yes

No

Yes

*

Yes

2

Business
Hours?

MSG 30-101 To return to the previous menu, press *.

MSG 30-109 To end this call, press two or hang up.

No

MSG 15-119 To speak with a

CSR press one

MSG 30-101 To return to the previous menu, press *.

MSG 30-109 To end this call, press two or hang up.

1
*

2

MSG 30-116 (Pause) Please hang up. Goodbye

MSG 30-116 (Pause)
Please hang up. Goodbye

MSG 15-100 We're sorry. Benefit information is not available on Saturday, Sunday or Monday. Please call Tuesday thru Friday for benefit information.

MSG 15-102 Iowa Workforce Development is attempting to locate wage information to make your claim eligible. When Iowa Workforce Development completes this process you will be notified of the result.

Pending
Wages?

MSG 15-103 Your claim is being processed. No benefits can be paid until processing is complete. You will be notified upon resolution.
Issues
Pending?

Claim in
Clear
Status?

MSG 15-105 Payment information is not available right now. Your claim is in determination status.Claim in deter
status?

MSG 15-107 No benefits can be paid on your claim until you qualify. If you are appealing your decision, please continue to file your weekly continued claims and make work search contacts as previously instructed.

Benefit Inquiry

Claimant
Menu
Options

MSG 30-101 To return to the previous menu, press *. (Claimant Menu Options)

MSG 30-109 To end this call, press two or hang up.

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MSG 15-108 This information reflects claims activity as of

MSG 15-104 The last week you reported was

End

MSG 15-104 last week you reported was

MSG 15-109 The benefit amount was

MSG 15-111 and was authorized on

MSG 15-112 The last benefit week paid was

MSG 15-113 Payment may vary from benefit amount if you chose tax withholding or owe child support.

Payment method warrant?

MSG 15-116 The remaining benefit balance is ...

MSG 15-115 Your payment will be transmitted to your account on

MSG 15-114 Your payment was mailed on

Benefit Inquiry

Is Disp Qualified?

MSG 15-101 Your claim is not monetarily eligible at this time.

BWE-Last Blank?

MSG 15-104 The last week you reported was

MSG 15-110 No Benefit Information is available at this time.

Payment Info on file?

Current day Sat, Sun or Mon?

MSG 15-117 Place holder to insert special message.

MSG 15-118 Place holder

Yes

No

End

CSR

Yes

Yes

No

MSG 30-106

Thank you for contacting

Claim Disp is Qualified

Image 7

Incoming Communication

System Available?

MSG 16-102 The Unemployment Insurance Continued Claims System is available 8 AM to 4:30 PM Mon. through Fri., or Sat. 10 AM to 11:30 PM Sun.. Please call back during these hours.

End

Claimant Flow Start

Revision Date: April 09, 2013

MSG 16-100 Welcome to Iowa's unemployment insurance reporting system.

MSG 16-101 For English, Press one.

MSG 16-100

Bienvenido al sistema de informes de Iowa seguro de desempleo.

MSG 16-101 Para Espanol oprima dos.

Claimant Menu

MSG 16-103 You may also file your weekly continued claim online at www.iowaworkforce.org. Select "Online Services" and then select "File Your Weekly Continued Claim for Unemployment "

MSG 16-104 Place holder to insert special message.

MSG 16-105 Place holder

to insert special message.

MSG 16-106 – For more information

Press one. To Continue, Press two.

Need option to turn this on or off.

MSG 16-107 – Place holder

for special message details.

2

1

No

MSG 30-116 (Pause) Please

hang up. Goodbye

Yes

Image 8

yes

No

Continued Claim

MSG 30-101 To return to the previous menu, press *. (Claimant Menu Options)

MSG 30-109 To end this call, press two or hang up.

*

End

1

MSG 30-116 (Pause) Please

hang up. Goodbye

MSG 30-116 (Pause) Please

hang up. Goodbye

MSG 30-116 (Pause) Please

hang up. Goodbye

MSG 17-144 Place holder to insert special message.

1

2

21

2

ExpectedBWE >

CurrentBWE?

MSG 17-100 You are up to date with your benefit filings. No other information is needed at this time. Yes

No

MSG 17-106 It is important that you answer all questions truthfully. WARNING! Attempting to claim and receive unemployment insurance benefits by entering false information can result in loss of benefits, fines and imprisonment.

MSG 17-143 To show you understand the warning message please press one now. To show that you do not understand the warning message press two.

MSG 17-103 Do you wish to file for the week ending ...

MSG 30-110 If yes, press one. If no press two.

Yes

MSG 17-122 Enter the gross amount of holiday pay rounded to the nearest dollar followed by the pound key. For no pay, enter zero followed by the pound key.

Group Code

5?

No

2

MSG 17-113 Enter the gross amount of wages rounded to the nearest dollar followed by the pound key.

MSG 30-101 To return to the previous menu, press *. (Claimant Menu Options)

MSG 30-109 To end this call, press two or hang up.

End

Claimant

Menu

Options

Terms already

accepted?

No

MSG 17-110 Did you work the week ending ...?

MSG 30-110 If yes, press one. If no press two.

1

MSG 17-111 Was this self-employment?

MSG 30-110 If yes, press one. If no press two.

MSG 17-132 Are you now receiving a private pension or military retirement?

MSG 30-110 If yes, press one. If no press two.

MSG 17-107 You must show that you understand this

warning message.

MSG 17-112 Self employment earnings do not need to be reported. Did you earn any non-selfemployment earnings during the week ending ...

MSG 30-110 If yes, press one. If no press two.

1
2

1

MSG 17-114 You said you worked the week ending ...

MSG 17-115 If you are still working, press one. If you are laid-off, press two. If you were discharged, press three. If you quit, press four.

MSG 17-116 During the week claimed, you worked and earned ...

21

MSG 17-123 You said you received or will receive ...

MSG 17-124 ... holiday pay. If this is correct, press one. If this is not correct, press two.2

MSG 17-125 Enter the gross amount of vacation or severance pay rounded to the nearest dollar followed by the pound key. If none was received, press zero followed by the pound key.

MSG 17-101 Our records show you must claim benefits for the week ending ...

MSG 17-102 before benefits for the week ending ...

No

MSG 17-104 Our records show that you must refile before benefits can be paid. You may file a claim online at www.iowaworkforce.org, 24 hours a day, seven days a week. Select "Online Services" and then select "File an Unemployment Insurance Claim".

2

1
st Input? Yes

MSG 17-108 We cannot continue to process your call. For more information about this warning message, You must speak with a CSR.

No

1

MSG 17-109 Your weekly continued claim can now

be entered. If you hang up before the system tells you thank you and that your weekly continued claim has been filed, your answers will not be recorded and your payment will not be made.

Yes

MSG 17-117 thru 17-120 and were ...

MSG 17-121 If this is correct, press one. If this is not correct, press two.

MSG 17-133 Were you ready, willing, able and available for work during the week ending ...

MSG 30-110 If yes, press one. If no press two.

MSG 17-134 Did you refuse any job offers or job referrals during the week?

MSG 30-110 If yes, press one. If no press two.

Revision Date: April 09, 2013

Continued
Claim

DAT? No

MSG 17-135 Enter the number of employers you contacted followed by the pound key.

MSG 17-136 Were at least two contacts made in person?

MSG 30-110 If yes, press one. If no press two.

MSG 17-137 Please remember it is your responsibility to keep a complete record of your work search contacts, as directed by the Workforce Development Center, and to provide a copy if requested.

MSG 17-138 The law imposes penalties for false statements. Do you certify the statements which you entered are true for the week ending ...

MSG 17-139 If yes, press one. To hear this statement again, press two. To cancel your claim, press three.

MSG 17-140 Thank You. Your claim for week ending ...

MSG 17-141 has been filed. To avoid a delay in benefit payments, please remember you must file each week.

1

MSG 17-105 You may enter your claim for the week ending ...

Yes

Input=0?

No

Yes

Input=0?

1

MSG 17-126 You said you received or will receive

...

MSG 17-127 ... vacation or severance pay. If this is correct, press one. If this is not correct, press two.

No

Wgs, vac or
hol pay=y?

1

MSG 17-128 The claim for the week ending ...

MSG 17-129 cannot be taken because our records show you should have reported income.

Yes

MSG 17-130 If this is not correct, press one. To change your answer, press two.2

MSG 17-131 Your weekly continued claim cannot be taken until you speak with a CSR. Our records indicate you should have reported income.

No

2

Yes

2

Yes

Last wk
rptd =
current
bwe?

No

Post to claims
system successful?

Yes

Claimant
Menu
Options

MSG 17-142 Iowa's Unemployment Insurance Claims Reporting System is having technical difficulties and is unable to file your weekly continued claim. Please try again later. No

Pension
Reported?

No

Yes

Group
Code = 6?

No

Yes

MSG 30-101 To return to the previous menu, press *.
(Claimant Menu Options)

MSG 30-109 To end this call, press two or hang up.

3 End

Yes

CurrentBWEExpectedBWE <
7 days?

LastBWE
Reported blank?

Yes

ExpectedBWE=C
urrentBWE =
LastBWE
Reported?

No

Work status
1=still
working
2=laid off
3=fired
4=quit

Image 9

MSG 18-105 Will you receive severance or vacation pay?

MSG 30-110 If yes, press one. If no, press two.

2

Determine
Group
Code/
Separation

Work
Search
Requirem
ents

MSG 18-107 You said you started work on ...

MSG 18-108 You said you last worked on ...

MSG 30-116 (Pause) Please hang up. Goodbye

MSG 30-106 Thank you for contacting Iowa Workforce Development. Our customer service representatives are available 8AM to 8PM Monday through Thursday, 8AM to 7PM on Friday and 9AM to 2PM on Saturday. Please call back during these hours.

Yes

No

Yes

MSG 30-116 (Pause) Please hang up. Goodbye

MSG 30-116 (Pause) Please hang up. Goodbye

MSG 18-104 Enter the date you last worked. For example, January 2, 2012 would be entered as 01,02,2012.

MSG 18-106 Enter the ending date of the period covered by your severance or vacation pay. For example, February 1, 2012 would be entered as 02,01,2012.

End

1

MSG 18-121 The law imposes penalties for false statements. Do you certify the statements which you entered are true?

MSG 18-127 If yes, press one, if no, press two. To hear this message again, press three.

Reactivate Existing Claim

Reactivate Claim

MSG 18-101 Have you worked since ...
MSG 30-110 If yes, press one. If no, press two.

MSG 18-118 Are you able and available for work? If yes, press one. If no, press two.

2

MSG 18-102 Have you worked for a different employer since ...
MSG 30-110 If yes, press one. If no, press two.

1

MSG 18-119 & 18-120 You said you ...
MSG 18-117 If this is correct press one, if not press two.

2

Update claim system

1

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2

1

MSG 18-124 Your claim has been reactivated effective ...

Successful

MSG 30-101 To return to the previous menu, press *. (Claimant Menu Options)

MSG 30-109 To end this call, press two or hang up.

2

3
rd

try?

MSG 18-122 You must certify the statements you entered are true.

No

MSG 18-123 Contact Iowa Workforce Development for more information about this certification statement. We cannot reactivate your claim at this time.

Yes

MSG 18-100 You are unable to reactivate your claim using the telephone system.

1

MSG 30-107 To file a claim, you may complete an application for benefits online at www.iowaworkforce.org, 24 hours a day, seven days a week. Select "Online Services" and then select "File an Unemployment Insurance Claim".

End

2

1=additional claim ivrReasonCode "21"
2=reopen claim ivrReasonCode "22"

Image 10

Employer

Flow Start

MSG 19-100 To change contact information on a scheduled fact finding, press one. If you have questions on a decision that you received or to speak with a customer service representative, press two. To file a Notice of Separation or Refusal of work, press three.

MSG 30-100 To repeat these options, press nine.

MSG 30-101 To return to the previous menu, press *. (UISC Main)

Routing from: UISC Main

CSR
(UI

Questions)

Employer
Menu

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CSR
(Fact
Finding)

1
2
3

Image 11

MSG 20-102 The Employer Notice of Separation System is available 8 AM to 4 PM Monday through Friday. Please call back during these hours .

End

Calls coming into:
866-834-9672 (Employer Notice of Separation)
Routing From:
Employer Flow Start

Employer
Notice of
Separation

MSG 20-103 To file a notice of separation or refusal to work, press one.
To speak with a customer service representative, press two.

Transfer to 515281-5387

Employer
Menu

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MSG 20-100 Welcome to Iowa Workforce Developments
Notice of Separation or Refusal of Work Reporting System.
MSG 20-101 For English, Press one.

MSG 20-100 Bienvenido a Iowa Workforce Desarrollos Aviso de Separación o la denegación de Sistema de Trabajo de informes.

MSG 20-101

Para Espanol oprima dos.

Employer Menu

System
Available?

MSG 20-104 Place Holder to insert special message.

MSG 20-105 Place Holder to insert special message.

Yes

No

21

MSG 30-116 (Pause) Please
hang up. Goodbye

Image 12

3

MSG 21-100 Please enter your 8 digit Iowa employer account number. For example if you have a six digit account number of 123456 you should enter 00123456

MSG 21-105 If a fact finding interview is necessary, you will be scheduled for an interview by telephone. Please enter a 10 digit telephone number beginning with the area code.

8 Digits?

10 Digits?

MSG 21-107 Please enter the worker's
9 digit social security number.

MSG 21-112 thru 21-115 You selected ...

MSG 21-104 If this is correct, press one. If this is not correct press two.

MSG 21-111 If the worker Voluntary Quit, press one. If the worker was discharged for misconduct in connection with work, press two. If the worker refused suitable work or recall to work, press three. If the worker left to take other employment, press four.

MSG 21-109 Please enter the 8 digit date of separation or refusal to work. For example September 7, 2012 would be entered as 09,07,2012.

MSG 21-116 If a fact finding interview is necessary, you will be scheduled for an interview by telephone and contacted at the number you provided.

MSG 21-117 Do you certify the statements you entered are true for the current notice of separation or refusal of work?

MSG 21-118 If yes, press one, to hear the certification statement again press two. To cancel your notice of separation or refusal of work, press three.

9 Digits?

Valid
Date?

MSG 21-121 To enter another notice of separation or refusal of work for the same iowa employer account number, press one. To enter another notice of separation or refusal of work for a different iowa employer account number, press two. If you want to exit the system, press three or hang up now.

MSG 21-120 Your notice of separation or refusal of work has been filed.

End

MSG 21-101 You must enter 8 digits. Please try again.

3
rd try?

MSG 30-102 You have exceeded the maximum number of attempts allowed.

End

MSG 21-106 You must enter 10 digits for the telephone number. Please try again.

3
rd try?

MSG 21-108 You must enter 9 digits. Please try again.3
rd try?

MSG 21-110 You must enter 8 digits for the employment termination date. Please try again.

3
rd try?

MSG 30-102 You have... **MSG 21-102** To speak... End

Employer
Notice of
Separation

Employer Notice of Separation

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Post to
service

MSG 21-119 Iowa Workforce Development's Notice of Separation or Refusal of Work System is having technical difficulties and is unable to file your notice of separation or refusal to work at this time. Please try again later.

MSG 21-122 You entered a date greater than 10 days from the current date. Please reenter a date that is less than 10 days from the current date.

MSG 21-124 A Notice of separation or refusal of work for this ssn, emp. & date already exists.

MSG 21-123 –The employer account # you have entered is not valid.

MSG 21-102 To speak..

NoNo

MSG 21-103 You entered ...

MSG 21-104 If this is correct, press one. If this is not correct press two.

MSG 21-102 To speak with a customer service representative, please call 2815387 in the Des Moines calling area or toll free at 1-800-JOB-IOWA.

MSG 30-116 (Pause)
Please hang up.
Goodbye

Yes

Yes

No

1

2

No No

MSG 30-102 You have ... End**MSG 21-102** To speak with a ... **MSG 30-116 (Pause)** Please

Yes

1

No

MSG 30-102 You have... End**MSG 21-102** To speak with a ... **MSG 30-116 (Pause)** Please

No

MSG 30-116 (Pause)
Please

1

Yes Yes

2

2

ReasonNo

1

Yes2

2

Yes

1

2

MSG 21-125 The notice of separation or refusal of work has been cancelled.

Successful

MSG 21-103 You entered ...
MSG 21-104 If this is correct...

MSG 21-103 You entered ...
MSG 21-104 If this is correct...

MSG 21-103 You entered ...
MSG 21-104 If this is correct...

1

1

2

End

MSG 30-116
(Pause) Please

MSG 30-116 (Pause) Please hang up. Goodbye

Image 13

PIN Reset Queue

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DUA Queue

UI Questions Queue

CSR

Business Hours?

MSG 22-100 Place holder
to insert special message.

MSG 30-106 Thank you for contacting Iowa
Workforce Development. Our customer service
representatives are available 8:00 AM to 8:00 PM
Monday through Thursday, 8:00 AM to 7:00 PM
on Friday and 9:00 AM to 2:00 PM on Saturday.
Please call back during these hours.

End

Agent
logged on
=0?

MSG 22-102 Staff at the Unemployment
Insurance Service Center are not available
to take your call at this time.

Queue=20?

Queue=
15?

MSG 22-103 Thank you for contacting the Unemployment
Insurance Service Center, a service of Iowa Workforce
Development. There are at least 15 customers waiting so
your wait time could be more than 15 minutes.

MSG 22-104 You may leave a message and a customer service
representative will return your call or you may hold for the next
available customer service representative. If you would like to
leave a message for a customer service representative to return
your call, press one. If you would like to hold for the next
available customer service representative, press two.

Incoming
Communication

Route to option selected

MSG 22-106 Thank you for contacting the
unemployment insurance service center, a service of
Iowa Workforce Development. Please hold for the
next available customer service representative.

Address/other
Changes

Holiday?

MSG 22-101 Thank you for calling the Unemployment
Insurance Service Center, a service of Iowa Workforce
Development. Our office is closed due to the holiday
and our customer service representatives are not
available. Please call back on the next business day.

Fact Finding Queue

MSG 22-115 Place holder
to insert special message.

MSG 30-116 (Pause)
Please hang up.
Goodbye

Yes

No

No

MSG 30-116 (Pause)
Please hang up. Goodbye

End

Yes Yes

No

MSG 22-105 Please be advised
that for quality purposes your
call may be monitored.

MSG 22-114 Voicemail

1

No

Yes

No

Yes End

2

Hold Messages

- MSG 22-107 *Music (15 seconds)*
- MSG 22-108 *Music (15 seconds)*
- MSG 22-107 *Music (15 seconds)*
- MSG 22-109 *Music (15 seconds)*
- MSG 22-107 *Music (15 seconds)*
- MSG 22-110 *Music (15 seconds)*
- MSG 22-107 *Music (15 seconds)*
- MSG 22-111 *Music (15 seconds)*
- MSG 22-107 *Music (15 seconds)*
- MSG 22-112 *Music (15 seconds)*
- MSG 22-107 *Music (15 seconds)*
- MSG 22-113 *Music (15 seconds)*

MSG 30-105 – Please hold while
your call is transferred to a
Customer Service Representative

Can this be set
up so that we
have the
ability to
adjust the
amount of
time?

Image 14

Personal
Info

MSG 23-100 To change your telephone number, press one. To change or update your mailing address, press two. To change your bank account information for direct deposit or to start or stop direct deposit of Unemployment Insurance Benefits, press three. To start or stop State or Federal tax withholding from your unemployment insurance benefits, press four. For all other changes, press five.

MSG 30-100 To repeat these options, press nine.

MSG 30-101 To return to the previous menu, press *. (Claimant Menu Options)

CSR

Address
chg

MSG 23-103 Please enter your
10 digit telephone number
beginning with the area code.

10

Digits?

MSG 23-104 You must enter
10 digits. Please try again.

MSG 23-105 You entered

MSG 23-106 If this is correct
press one, if this is not correct,
press two.

Update Claims
System

MSG 23-108 Your telephone
number has been updated
successfully.

Claimant
Menu
Options

MSG 23-107 We are experiencing technical
difficulties, the system was unable to update
your telephone number at this time. Please try
your call again later.

3
rd try?

MSG 30-102 You have
exceeded the maximum
number of attempts allowed.

End

CSR

(Other
Chgs)

MSG 23-101 If you want to change bank account information or to start or stop direct deposit, you must return a completed and signed Direct Deposit Agreement form to Iowa Workforce Development. You may obtain this form from your Fact about Unemployment Insurance handbook or you may print the form from our website at www.iowaworkforce.org.

MSG 23-102 To start or stop state or federal tax

withhold from your unemployment benefits, you must return a completed and signed Tax Withholding Agreement form to Iowa Workforce Development. You may obtain this form from your Fact about Unemployment Insurance handbook or you may print the form from our website at www.iowaworkforce.org.

MSG 30-101 To return to the previous menu, press *. (Claimant Menu Options)
MSG 30-108 To end this call, press two or hang up.

Revision Date: May 01, 2013

Personal Info

CSR

Business Hours?

1

Successful

Unsuccessful

1 2

Yes

No

No

Yes

Yes

2

1 2 3 4 5

MSG 30-116 (Pause) Please hang up. Goodbye

MSG 30-106 Thank you for contacting Iowa Workforce Development. Our customer service representatives are available 8:00 AM to 8:00 PM Monday through Thursday, 8:00 AM to 7:00 PM on Friday and 9:00 AM to 2:00 PM on Saturday. Please call back during these hours.
No

Image 15

Fact Finding

MSG 24-100 If you have a scheduled fact finding interview and need to provide information for the fact finding, press one. For answers to specific questions on unemployment insurance or to speak with

a customer service representative, press two.

MSG 30-100 To repeat this menu, press nine.

MSG 30-101 To return to the previous menu, press *. (Claimant Menu Options)

CSR
(Fact
Finding)

CSR
(UI

Questions)

Revision Date: April 30, 2013

Fact Finding

21

Image 16

MSG 25-100 If you were laid off due to lack of work, press one. If you were laid off because the business permanently closed, press two. In you are not working because you quit, press three. If you were discharged, press four.

If there was a strike, lock out or labor dispute, press five. If you are still working reduced hours, press six. If none of these apply, press seven.

MSG 30-100 To repeat these options, press nine.

MSG 25-102 Did you decline to bump an employee with less seniority? If yes, press one. If no, press two.

MSG 25-104 Do you expect to be recalled by your most recent regular employer? If yes, press one. If no, press two.

Group
Code = 4

MSG 25-103 Are you a member in good standing of a union hiring hall? If yes, press one, If no, press two.

MSG 25-105 In your occupation, do potential employers request you apply for employment using email, mail, fax of a resume or by completing an on-line application form? If yes, press one. If no, press two.

Group
Code = 5

Group
Code = 3

Group
Code = 6

Group
Code = 2

Revision Date: April 30, 2013

Determine
Group
Code/
Separation

MSG 25-101 You must indicate the reason you were separated from your last employer. For additional separation reasons, you may complete an application for benefits online at www.iowaworkforce.org. Select "Online

Services" and then select "File an Unemployment Insurance Claim".

MSG 25-106 To speak with a CSR, press one

MSG 30-101 To return to the previous menu, press *.

MSG 30-109 To end this call, press two or hang up.

Claimant
Menu
Options

Determine Group Code/Separation

CSR

End

2

1 2

1

1

1

*

2

1 5 or 6 72,3 or 4

2

21

Business
Hours?

Yes

MSG 30-101 To return to the previous menu, press *.
(Claimant Menu Options)

MSG 30-109 To end this call, press two or hang up.

No

*

2

MSG 30-116 (Pause) Please hang up. Goodbye

Image 17

Group Code =2?

Group Code =3

Group Code =4

Group Code = 5

Group Code =6

No

No

No

No

MSG 26-100 You must make an active and earnest search for work including at least 2 inperson contacts each week. Telephone contacts are not considered sufficient. See your "Facts About Unemployment Insurance" handbook for details.

MSG 26-101 You must notify Iowa Workforce Development if your lay off status changes and your lay off becomes indefinite. See your "Facts About Unemployment Insurance" handbook for details.

MSG 26-102 You must notify Iowa Workforce Development if your lay off status changes. See your "Facts About Unemployment Insurance" handbook for details.

MSG 26-103 You must notify Iowa Workforce Development if your union status changes. See your "Facts About Unemployment Insurance" handbook for details.

MSG 26-104 You must make an active and earnest search for work including at least 2 contacts either by resume or in-person each week. Telephone contacts are not considered sufficient. See your "Facts About Unemployment Insurance" handbook for details.

If you send resumes by email or apply for work electronically, you should retain copies of email exchanges and other electronic evidence as part of your work search efforts.

Yes

Yes

Yes

Yes

Yes

Work Search Requirements

Work Search
Requirements

Revision Date: April 09, 2013

Image 18

IVR Scripts

Page 1 of 22

10-100

Welcome to the Unemployment Insurance Service Center, a service of Iowa Workforce Development.
Bienvenido al Centro de Servicio del Seguro del Desempleo, un servicio de Iowa Workforce Development.

10-101 For English, press one. Para Español, marque el número dos.

10-102 (Special message place holder) **Current message:** (Special message place holder) **Current message:**

10-103

If you have filed a claim for unemployment insurance benefits, press one. If you are an employer, press two. If you have not filed a claim for unemployment insurance and have general questions, press three.

Si usted ha llenado un reclamo de desempleo, marque el número uno. Si usted es el patrón, marque el número dos. Si usted no ha llenado un reclamo para el desempleo y tiene preguntas en general, marque el número tres.

*10-104
declared
disaster
period*

If you have filed a claim for unemployment insurance benefits, press one. If you are an employer, press two. If you have not filed a claim for unemployment insurance and have general questions, press three. If you have questions on Disaster Unemployment Assistance, press four.

Si usted ha llenado un reclamo de desempleo, marque el número uno. Si usted es el patrón, marque el número dos. Si usted no ha llenado un reclamo para el desempleo y tiene preguntas en general, marque el número tres. Si usted tiene preguntas sobre Disaster Unemployment Assistance, marque el número cuatro.

10-105 (Special message place holder) **Current message:** (Special message place holder) **Current message:**

10-106

For more information Press one. To Continue, Press two. **Need option to turn this on or off.**

Para obtener más información, marque el número uno. Para continuar, marque el número dos.

10-107

(Special message place holder) details and or instructions concerning the message 10-105.

(Special message place holder) details and or instructions concerning the message 10-105.

11-100 Please enter your 9 digit social security number. Por favor marque los 9 dígitos de su número del seguro social.

11-101 You must enter nine digits. Please try again. Por favor marque los nueve dígitos. Inténtelo de nuevo.

11-102 You entered... Usted marcó

11-103 If this is correct, press one, if this is not correct, press two Si esto es correcto, marque el número uno, si esto no es correcto, marque el número dos.

11-104 We cannot find a claim under the social security number you entered. No podemos encontrar un reclamo bajo el número de seguro social que usted marcó.

11-105

Our records show you have a claim filed in another state. You must contact that state for information on your claim.

Nuestros registros indican que usted tiene otro reclamo en otro estado. Usted debe de comunicarse con el estado donde usted tiene ese reclamo.

11-106 Your claim is still being processed. No information is available at this time. Su reclamo todavía no ha sido procesado. No hay información disponible en este momento.

12-100 Please enter your 4 digit PIN number. Por favor marque sus 4 dígitos del número de PIN.

12-101 You must enter 4 digits for your PIN number. Please try again. Por favor marque los cuatro dígitos de su número de PIN. Por favor inténtelo de nuevo.

Msg # English Spanish

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Msg # English Spanish

12-102 The PIN number you entered has expired. El número de PIN que usted ha marcado se ha vencido.

12-103

Your PIN is locked. To reset your PIN number, you must speak with a Customer Service Representative.

Su número de PIN está bloqueado. Para restablecer su número de PIN tiene que hablar con un representante de servicio al cliente.

12-104 The PIN number you entered does not match our records. Please try again.

El número de PIN que usted ha marcado no coincide con nuestros registros. Por favor marque su numero de PIN nuevamente.

12-105

Thank You. Please hold while the system retrieves your claim information.

This may take up to 1 minute.

Gracias. Por favor espere un momento mientras el sistema encuentra la informacion de su reclamo. Esto puede tardar hasta un minuto.

13-100

Please enter your birthdate. For example, June 14, 1966 would be entered as

06, 14, 1966.

Por favor marque su fecha de nacimiento. Por ejemplo: Junio 14, 1966 se debe marcar

06,14,1966.

13-101 Blank Blank

13-102 Blank Blank

13-103 Blank Blank

13-104 Blank Blank

13-105

Please enter a new 4 digit PIN number. Do not use repeated numbers (such as 1111 or 3333) or numbers in sequence (such as 1234).

Por favor marque un nuevo número de PIN de cuatro dígitos. No use números repetidos (como 1111 o 3333) o números en secuencia (como 1234).

13-106 You must enter 4 digits. Please try again. Usted debe de marcar cuatro dígitos. Por favor marque de nuevo.

13-107 Your PIN number has been set to.... Su número de PIN es ...

13-108

You must establish a new PIN number. It must be 4 digits. Do not use repeated numbers (such as 1111 or 3333) or numbers in sequence (such as 1234).

Please try again.

Debe crear un numero PIN nuevo. Debe ser de 4 dígitos. No use números repetidos (como 1111 o 3333) o números en secuencia (como 1234). Por favor intente de nuevo.

13-109 The birthdate you entered does not match our records. Please try again.

La fecha de nacimiento que usted marcó no coincide con nuestros registros. Por favor marque de nuevo.

13-110

You have exceeded the maximum number of attempts to set your PIN. You must speak with a Customer Service Representative.

Usted ha excedido el número de intentos para marcar su número de PIN. Por favor hable con un Representante de Servicio al Cliente.

14-100

To check on the status of your claim, press one. To file your weekly continued claim, press two. To change personal information, press three. For questions

on a scheduled fact finding or to speak with a customer service representative, press four.

Para revisar el estado de su reclamo, marque el número uno. Para hacer su reclamo semanal continuo, marque el número dos. Para hacer cambios sobre su información personal, marque el número tres. Para preguntas sobre su entrevista telefónica o para hablar con un representante de servicio al cliente, marque el número cuatro.

Image 20

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Msg # English Spanish

14-101

To check on the status of your claim, press one. To change personal information, press two. To speak to a customer service representative, press three

Para revisar el estado de su reclamo, marque el número uno. Para cambiar información personal, marque el número dos. Para hablar con un representante de servicio al cliente, marque el número tres

14-102

To check on the status of your claim, press one. To reactivate an existing claim, press two. To change personal information, press three. For questions on a scheduled fact finding or to speak with a customer service representative, press four.

Para revisar el estado de su reclamo, marque el número uno. Para reactivar su reclamo, marque el número dos. Para hacer cambios sobre su información personal, marque el

número tres. Para preguntas sobre su entrevista telefónica o para hablar con un representante de servicio al cliente, marque el número cuatro.

14-103 Our records show that you must refile before benefits can be paid. Nuestros datos indican que usted debe de abrir un reclamo de nuevo antes de que los beneficios puedan ser pagados.

15-100

We're sorry. Benefit information is not available on Saturday, Sunday or Monday. Please call Tuesday thru Friday for benefit information.

Lo lamentamos mucho, pero la información sobre sus beneficios no es disponible en Sábado, Domingo o Lunes. Por favor llámenos entre Martes y Viernes para la información sobre sus beneficios.

15-101 Your claim is not monetarily eligible at this time. Su reclamo no es monetariamente elegible en este momento.

15-102

Iowa Workforce Development is attempting to locate wage information to make your claim eligible. When Iowa Workforce Development completes this process you will be notified of the result.

Iowa Workforce Development esta tratando de localizar la información de salarios para hacer su reclamo elegible. Cuando Iowa Workforce Development complete este proceso, usted será notificado del resultado.

15-103

Your claim is being processed. No benefits can be paid until processing is complete. You will be notified upon resolution.

Su reclamo está en proceso. Los beneficios no serán pagados hasta que se finalice el proceso. Usted será notificado sobre la resolución.

15-104 The last week you reported was... La última semana que usted reportó fue ...

15-105

Payment information is not available right now. Your claim is in determination status.

Información sobre su pago no esta disponible en este momento. Su reclamo esta en estado de determinación.

15-106

Please continue to file your weekly continued claims and make work search contacts as previously instructed.

Por favor continúe haciendo su reclamo semanal y haciendo su búsqueda de trabajo tal como se ha indicado anteriormente.

15-107

No benefits can be paid on your claim until you qualify. If you are appealing your decision, please continue to file your weekly continued claims and make work search contacts as previously instructed.

Ningún beneficio será pagado hasta que su reclamo califique. Si usted esta apelando su decisión, continúe haciendo su reclamo semanal y haciendo su búsqueda de trabajo tal como se ha indicado anteriormente.

15-108 This information reflects claims activity as of ... Esta información refleja la actividad de su reclamo a partir de ...

15-109 The benefit amount was... La cantidad del beneficio es ...

Image 21

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Msg # English Spanish

15-110 No Benefit Information is available at this time. No hay información disponible sobre su reclamo en este momento.

15-111 and was authorized on... y fue autorizado en ...

15-112 The last benefit week paid was... La última semana de servicio pagado fue ...

15-113

Payment may vary from benefit amount if you chose tax withholding or owe child support.

La cantidad del pago puede variar, si usted decide pagar los impuestos o la manutención infantil.

15-114 Your payment was mailed on.. Su pago fue enviado en ...

15-115 Your payment will be transmitted to your account on... Su pago será transmitido a su cuenta en ...

15-116 The remaining benefit balance is... El resto de su balance de sus beneficios es

15-117 (Special message place holder) **Current message:** (Special message place holder) **Current message:**

15-118 (Special message place holder) **Current message:** (Special message place holder) **Current message:**

15-119 To speak with a customer service representative, press one Para hablar con un representante de servicio al cliente, marque el número uno.

16-100 Welcome to Iowa's Unemployment Insurance Claims Reporting System. Bienvenido al sistema de Iowa's Unemployment Insurance Claims Reporting System.

16-101 For English, press one. Para Español, marque el número dos.

16-102

The Unemployment Insurance Continued Claims System is available 8 AM to 4:30 PM Mon. through Fri., and 10 AM Sat. to 11:30 PM Sun. Please call back during these hours.

El sistema de reclamaciones continuas del desempleo, Unemployment Insurance Continue

Claims System esta disponible de las 8 a.m. a 4:30 p.m. de Lunes a Viernes; o de las 10

a.m. del Sábado hasta las 11:30 p.m. del Domingo. Por favor llámenos durante esas horas de servicio.

16-103

You may also file your weekly continued claim online at www.iowaworkforce.org. Select "Online Services" and then select "File Your Weekly Continued Claim for Unemployment".

Usted también puede llenar su reclamo semanal por internet en la página electrónica www.iowaworkforce.org Seleccione "Online Services" y luego seleccione "File Your Weekly Continued Claim for Unemployment".

16-104 (Special message place holder) **Current message:** (Special message place holder) **Current message:**

16-105 (Special message place holder) **Current message:** (Special message place holder) **Current message:**

16-106

For more information Press one. To Continue, Press two. ***Need option to turn this on or off.***

Para obtener más información, marque el número uno. Para continuar, marque el número dos.

16-107

(Special message place holder) details and or instructions concerning the message 16-105.

(Special message place holder) details and or instructions concerning the message 16-105.

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Msg # English Spanish

17-100

You are up to date with your benefit filings. No other information is needed at this time.

Usted está al corriente en sus reclamos semanales. Ninguna otra información adicional es requerida en este momento.

17-101 Our records show you must claim benefits for the week ending...

Nuestros datos indican que usted debe de reportar el reclamo de la semana que termina en ...

17-102 before benefits for the week ending ... antes de los beneficios de la semana que termina en ...

17-103 Do you wish to file for the week ending... Desea usted presentar su reclamo de la semana que termina en ...

17-104

Our records show that you must refile before benefits can be paid. You may file a claim online at www.iowaworkforce.org, 24 hours a day, seven days a week. Select "Online Services" and then select "File an Unemployment Insurance Claim".

Nuestros datos indican que usted debe de hacer un reclamo antes de que sean pagados. Usted puede hacer el reclamo en la página electrónica www.iowaworkforce.org, 24 horas al día, siete días a la semana. Seleccione "Online Services" y luego seleccione "File an Unemployment Insurance Claim".

17-105 You may enter your claim for the week ending... Usted puede reportar su reclamo de la semana que terminó en ...

17-106

It is important that you answer all questions truthfully. **WARNING!** Attempting to claim and receive unemployment insurance benefits by entering false information can result in loss of benefits, fines and imprisonment.

Es importante que usted responda a todas las preguntas con la verdad. **ADVERTENCIA:** el tratar de solicitar y de recibir beneficios del seguro de desempleo dando información falsa puede resultar en la pérdida de los beneficios, multas, y/o hasta encarcelamiento.

17-107 You must show that you understand this warning message. Usted debe demostrar que entiende este mensaje de advertencia.

17-108

We cannot continue to process your call. For more information about this warning message, you must speak with a customer service representative. No podemos continuar procesando su llamada. Para obtener más información acerca de este aviso, usted debe hablar con un representante de servicio al cliente.

17-109

Your weekly continued claim can now be entered. If you hang up before the system tells you thank you and that your weekly continued claim has been filed, your answers will not be recorded and your payment will not be made.

Ahora puede ingresar su reclamo semanal continuo. Si usted cuelga antes de que el sistema le indique que su reclamo ha sido declarado y le dice gracias y que su reclamo semanal continuo ha sido registrado, sus respuestas no serán registradas y su pago no se realizará.

17-110 Did you work during the week ending.. Usted trabajó durante la semana que termino en

17-111 Was this self employment? Trabajó por su cuenta propia?

17-112

Self employment earnings do not need to be reported. Did you earn any nonself-employment earnings during the week ending ...

Ingresos de empleo por cuenta propia no necesitan ser reportados. ¿Ganó ingresos de cualquier otro empleo que no sea por cuenta propia durante la semana que termina en

Image 23

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Msg # English Spanish

17-113

Enter the gross amount of wages rounded to the nearest dollar followed by the pound key.

Por favor marque el total de sus salarios brutos, redondeándolos al dólar mas cercano y enseguida marque el signo de números. Nota: El signo de números se encuentra bajo el numero 9 en el teclado de su teléfono.

17-114 You said you worked during the week ending... Usted dijo que trabajó durante la semana que termina en...

17-115

If you are still working, press one. If you are laid-off, press two. If you were discharged, press three. If you quit, press four.

Si usted esta todavía trabajando, marque el número uno. Si usted fue despedido temporalmente, marque el número dos. Si usted fue despedido, marque el número tres. Si usted renunció, marque el número cuatro.

17-116 During the week claimed, you worked and earned... Durante la semana que usted está reclamando, usted trabajó y ganó ...

17-117 ...and are still working. y está todavía trabajando

17-118 ...and that you were laid off. y fue despedido temporalmente.

17-119 ...and you were fired. y fue despedido.

17-120 ...and you quit. y usted renunció.

17-121 If this is correct press one. If this is not correct press two. Si esto es correcto, marque el número uno. Si esto no es correcto, marque el número dos.

17-122

Enter the gross amount of holiday pay rounded to the nearest dollar followed by the pound key. If none was received, enter zero followed by the pound key.

Por favor marque el pago total por los días festivos que recibió, redondeándolos al dólar mas cercano y enseguida marque el signo de números. Si usted no recibió ningún pago, marque cero enseguida marque el signo de números. Nota: El signo de números se encuentra bajo el numero 9 en el teclado de su teléfono.

17-123 You said you received or will receive... Usted indicó que recibió o que recibirá...

17-124 ...holiday pay. If this is correct press one. If this is not correct press two. ...pago de días festivos. Si esto es correcto, marque el número uno. Si esto no es correcto, marque el número dos.

17-125

Enter the gross amount of vacation or severance pay rounded to the nearest dollar followed by the pound key. If none was received, press zero followed by the pound key.

Por favor marque el pago total de vacaciones o pago de despido que recibió, redondeándolo al dólar mas cercano y enseguida marque el signo de números. Si usted no recibió ningún pago, marque cero enseguida marque el signo de números. Nota: El signo de números se encuentra bajo el numero 9 en el teclado de su teléfono.

17-126 You said you received or will receive ... Usted indicó que recibió o que recibirá ...

17-127

...vacation or severance pay. If this is correct, press one. If this is not correct, press two. ...vacaciones o pago de despido. Si esto es correcto, marque el número uno. Si esto no es correcto, marque el número dos.

INTE

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17-121 If this is correct press one. If this is not correct press two. Si esto es correcto, marque el número uno. Si esto no es correcto, marque el número dos.

17-122 Enter the gross amount of holiday pay rounded to the nearest dollar followed by the pound key. If none was received, enter zero followed by the pound key. Por favor marque el pago total por los días festivos que recibió, redondeándolos al dólar mas cercano y enseguida marque el signo de números. Si usted no recibió ningún pago, marque cero enseguida marque el signo de números. Nota: El signo de números se encuentra bajo el numero 9 en el teclado de su teléfono.

17-123 You said you received or will receive... Usted indicó que recibió o que recibirá... 17-124 ...holiday pay. If this is correct press one. If this is not correct press two. ...pago de días festivos. Si esto es correcto, marque el número uno. Si esto no es correcto, marque el número dos.

17-125

Your weekly continued claim cannot be taken until you speak with a customer service representative. Our records indicate you should have reported income.
 No se puede tomar su reclamo continua semanal hasta que hable con un representate de servicio al cliente. Nuestros registros indican que usted debería haber declarado ingresos.

17-132 Are you now receiving a private pension or military retirement?

Presentemente está recibiendo una pensión privada o jubilación militar?

¿Sí o No?

Si es "Sí", ¿cuánto recibe por semana?

Si es "No", ¿cuánto recibe por semana?

Si es "Sí", ¿cuánto recibe por semana?

Si es "No", ¿cuánto recibe por semana?

Si es "Sí", ¿cuánto recibe por semana?

¿Sí o No?

Si es "Sí", ¿cuánto recibe por semana?

Si es "No", ¿cuánto recibe por semana?

¿Sí o No?

Si es "Sí", ¿cuánto recibe por semana?

¿Sí o No?

Si es "Sí", ¿cuánto recibe por semana?

Si es "No", ¿cuánto recibe por semana?

¿Sí o No?

Si es "Sí", ¿cuánto recibe por semana?



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Message: RE: Certificate of Insurance Needed**Case Information:**

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:43 PM
 Item ID: 40862019
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **RE: Certificate of Insurance Needed**

From Janet Decker **Date** Monday, March 03, 2014 9:27 AM
To Schippers, Denise [IWD]
Cc

 [image001.png](#) (6 Kb HTML)  [image002.png](#) (1 Kb HTML)  [image003.png](#) (1 Kb HTML)
 [image004.png](#) (1 Kb HTML)  [image005.png](#) (1 Kb HTML)  [certificate.pdf](#) (73 Kb HTML)

Hi Denise,

Here we go.....

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎ 319-234-8888 | 📠 319-234-7702 | ✉ jdecker@pdc.com

 PDCMins



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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Monday, March 03, 2014 9:09 AM
To: Janet Decker
Subject: Certificate of Insurance Needed

Hi Janet,

I need a certificate of insurance for:

GKN Armstrong Wheels, Inc.

2420 7th Ave. South

Estherville, Iowa 51334.

Denise Schippers

Business Services Manager | Foreign Labor Certification

Iowa Workforce Development | Workforce Services Division

1000 East Grand Avenue – 1st floor West

Des Moines, IA 50319

Phone: 515-281-7538

Cell: 515-360-9542

Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).
CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$
WC STATU- OTH-**WORKERS COMPENSATION**
TORY LIMITS ER**AND EMPLOYERS' LIABILITY Y / N**
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks
Schedule, if more space is required)**

CERTIFICATE HOLDER CANCELLATION

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.**

AUTHORIZED REPRESENTATIVE

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Image 1

DATE (MM/DD/YYYY)

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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

**UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$**

\$DED RETENTION \$

WC STATU- OTH-**WORKERS COMPENSATION**

TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N

ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?

(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks
Schedule, if more space is required)**

CERTIFICATE HOLDER CANCELLATION

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
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AUTHORIZED REPRESENTATIVE

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Message: RE: Certificate of Insurance Needed, Please

Case Information:

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:48 PM
 Item ID: 40862191
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Certificate of Insurance Needed, Please

From Janet Decker **Date** Tuesday, March 11, 2014 3:00 PM
To Schippers, Denise [IWD]
Cc

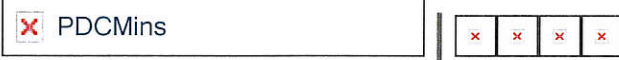
image001.png (6 Kb HTML) image002.png (1 Kb HTML) image003.png (1 Kb HTML)
 image004.png (1 Kb HTML) image005.png (1 Kb HTML) certificate.pdf (73 Kb HTML)

Denise,

Here we go.....

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎319-234-8888 | 📞 319-234-7702 | ✉:jdecker@pdc.com



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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Tuesday, March 11, 2014 2:40 PM
To: Janet Decker
Subject: Certificate of Insurance Needed, Please

Janet,

I need a certificate of insurance for:

Hudson Flower Shop

301 5th Street

Hudson, IA 50634

Thank you,

Denise Schippers

Business Services Manager | Foreign Labor Certification

Iowa Workforce Development | Workforce Services Division

1000 East Grand Avenue – 1st floor West

Des Moines, IA 50319

Phone: 515-281-7538

Cell: 515-360-9542

Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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CONTACTPRODUCER

NAME:

FAXPHONE
(A/C, No):(A/C, No, Ext):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

**UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$**

\$DED RETENTION \$

WC STATU- OTH-**WORKERS COMPENSATION**

TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N

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N / AOFFICER/MEMBER EXCLUDED?

(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

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AUTHORIZED REPRESENTATIVE

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Message: RE: Certificate of Insurance Needed, Please

Case Information:

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:59 PM
 Item ID: 40862503
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **RE: Certificate of Insurance Needed, Please**

From Janet Decker **Date** Wednesday, March 26, 2014 10:55 AM
To Schippers, Denise [IWD]
Cc


 **image001.png** (6 Kb HTML)  **image002.png** (1 Kb HTML)  **image003.png** (1 Kb HTML)
 **image004.png** (1 Kb HTML)  **image005.png** (1 Kb HTML)  **certificate.pdf** (73 Kb HTML)

Hi Denise,

 Here we go.....

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎ 319-234-8888 | 📞 319-234-7702 | ✉ jdecker@pdc.com

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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Wednesday, March 26, 2014 10:36 AM
To: Janet Decker
Subject: Certificate of Insurance Needed, Please

Janet,

I need a certificate of insurance for:

Hy-Vee

1300 N. 2nd

Cherokee, IA 51012

Thank you!

Denise Schippers

Business Services Manager | Foreign Labor Certification | OFCCP

Iowa Workforce Development | Workforce Services Division

1000 East Grand Avenue – 1st floor West

Des Moines, IA 50319

Phone: 515-281-7538

Cell: 515-360-9542

Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

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CONTACTPRODUCER

NAME:

FAXPHONE
(A/C, No):(A/C, No, Ext):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

**UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$**

\$DED RETENTION \$
WC STATU- OTH-**WORKERS COMPENSATION**
TORY LIMITS ERAND **EMPLOYERS' LIABILITY Y / N**
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

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Message: RE: Certificate of Insurance Needed, Please

Case Information:

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:59 PM
 Item ID: 40862511
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Certificate of Insurance Needed, Please

From Janet Decker **Date** Wednesday, March 26, 2014 2:58 PM
To Schippers, Denise [IWD]
Cc

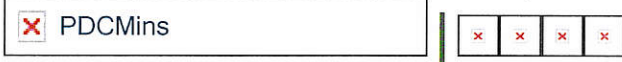
image001.png (6 Kb HTML) image002.png (1 Kb HTML) image003.png (1 Kb HTML)
 image004.png (1 Kb HTML) image005.png (1 Kb HTML) certificate.pdf (73 Kb HTML)

Hi Denise,

I've attached certificate requested.

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎ 319-234-8888 | 📠 319-234-7702 | ✉ jdecker@pdc.com



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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Wednesday, March 26, 2014 1:55 PM
To: Janet Decker
Subject: Certificate of Insurance Needed, Please

Hi Janet,

I need a certificate of insurance for:

Proteus Inc.
1548 S Gilbert St.
Iowa City, IA 52240

Thank you,

Denise Schippers

Business Services Manager | Foreign Labor Certification | OFCCP

Iowa Workforce Development | Workforce Services Division

1000 East Grand Avenue – 1st floor West

Des Moines, IA 50319

Phone: 515-281-7538

Cell: 515-360-9542

Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$

WC STATU- OTH-**WORKERS COMPENSATION**

TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N

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N / AOFFICER/MEMBER EXCLUDED?

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If yes, describe under

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AUTHORIZED REPRESENTATIVE

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Message: RE: Certificate of Insurance Needed

Case Information:

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:35 PM
 Item ID: 40861808
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Certificate of Insurance Needed

From Janet Decker **Date** Friday, March 28, 2014 7:41 AM
To Schippers, Denise [IWD]
Cc

[image001.png](#) (6 Kb HTML) [image002.png](#) (1 Kb HTML) [image003.png](#) (1 Kb HTML)
[image004.png](#) (1 Kb HTML) [image005.png](#) (1 Kb HTML) [certificate.pdf](#) (73 Kb HTML)

Good Morning Denise!

I've attached certificate requested.

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎ 319-234-8888 | 📞 319-234-7702 | ✉ jdecker@pdc.com



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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Friday, March 28, 2014 7:33 AM
To: Janet Decker
Subject: Certificate of Insurance Needed

Hi Janet,

I need a certificate of insurance for:

Garment Designs
1080 Lyons Lane
Marion, IA 52302

Thank you!

Denise Schippers
Business Services Manager | Foreign Labor Certification | OFCCP
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
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Image 1

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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$

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TORY LIMITS ERAND **EMPLOYERS' LIABILITY Y / N**

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Message: RE: Need Certificate of Insurance, Please

Case Information:

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:36 PM
 Item ID: 40861821
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Need Certificate of Insurance, Please

From Janet Decker **Date** Friday, March 28, 2014 10:59 AM
To Schippers, Denise [IWD]
Cc

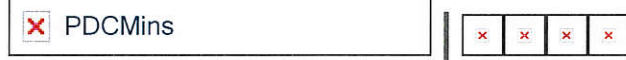
[image001.png](#) (6 Kb HTML) [image002.png](#) (1 Kb HTML) [image003.png](#) (1 Kb HTML)
[image004.png](#) (1 Kb HTML) [image005.png](#) (1 Kb HTML) [certificate.pdf](#) (73 Kb HTML)

Denise,

Attached is certificate requested.

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎ 319-234-8888 | 📠 319-234-7702 | ✉ jdecker@pdc.com



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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Friday, March 28, 2014 10:09 AM
To: Janet Decker
Subject: Need Certificate of Insurance, Please

Janet,

I need a certificate of insurance for:

CWA Local 7102
3612 9th Street SW
Des Moines, IA 50315

Thank!

Denise Schippers
Business Services Manager | Foreign Labor Certification | OFCCP
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$

WC STATU- OTH-**WORKERS COMPENSATION**

TORY LIMITS ERAND **EMPLOYERS' LIABILITY Y / N**

ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?

(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks
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AUTHORIZED REPRESENTATIVE

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Message: RE: Certificate of Insurance Needed, Please

Case Information:

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:42 PM
 Item ID: 40861964
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Certificate of Insurance Needed, Please

From Janet Decker **Date** Tuesday, April 08, 2014 1:58 PM
To Schippers, Denise [IWD]
Cc

 [image001.png](#) (6 Kb HTML)  [image002.png](#) (1 Kb HTML)  [image003.png](#) (1 Kb HTML)
 [image004.png](#) (1 Kb HTML)  [image005.png](#) (1 Kb HTML)  [certificate.pdf](#) (123 Kb HTML)

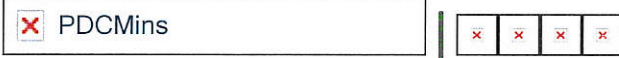
Hi Denise,

I've attached certificate requested.

Have a great rest of the day!

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎ 319-234-8888 | 📞 319-234-7702 | ✉ jdecker@pdc.com



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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]

Sent: Tuesday, April 08, 2014 1:41 PM
To: Janet Decker
Subject: Certificate of Insurance Needed, Please

Hi Janet,

I need a certificate of insurance for:

Iowa Steel Fabrication, LLC
1525 E Eddy Saylor Pkwy
Osceola, IA 50213

Thank you,
Denise Schippers
Business Services Manager | Foreign Labor Certification | OFCCP
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Image 1

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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$

WC STATU- OTH-**WORKERS COMPENSATION**

TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N

ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?

(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

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AUTHORIZED REPRESENTATIVE

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Message: RE: Certificate of Insurance

Case Information:

Message Type: Exchange
Message Direction: External, Inbound
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:43 PM
Item ID: 40862018
Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **RE: Certificate of Insurance**

From Janet Decker **Date** Monday, March 03, 2014 9:49 AM
To Schippers, Denise [IWD]
Cc

 [certificate.pdf](#) (73 Kb HTML)

Hi Denise,

See attached.....

Janet

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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]

Sent: Monday, March 03, 2014 9:11 AM

To: Janet Decker

Subject: Certificate of Insurance

Hi Janet,

I need a certificate of insurance for:

Hy Vee

611 10th Avenue N

Humboldt, IA 50548.

Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

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CONTACTPRODUCER

NAME:

FAXPHONE
(A/C, No):(A/C, No, Ext):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

**UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$**

\$DED RETENTION \$

WC STATU- OTH-**WORKERS COMPENSATION**
TORY LIMITS ER**AND EMPLOYERS' LIABILITY Y / N**
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks
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AUTHORIZED REPRESENTATIVE

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Message: RE: Certificates of Insurance Needed

Case Information:

Message Type: Exchange
Message Direction: External, Inbound
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:43 PM
Item ID: 40862020
Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **RE: Certificates of Insurance Needed**

From Janet Decker **Date** Monday, March 03, 2014 9:55 AM
To Schippers, Denise [IWD]
Cc

 [certificates.pdf](#) (94 Kb HTML)

Here are these.....

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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Monday, March 03, 2014 9:23 AM
To: Janet Decker
Subject: Certificates of Insurance Needed

Janet,

I need two more certificates:

Cargill Meat Solutions
600 S Iowa Ave
Ottumwa, IA 52501

Tyson Fresh Meats

13500 I Ct.
Perry, IA 50220

Thank you,
Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

- [Image 1](#)
 - [Image 2](#)
-

Image 1

DATE (MM/DD/YYYY)

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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

**TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

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EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$

WC STATU- OTH-**WORKERS COMPENSATION**
TORY LIMITS ERAND **EMPLOYERS' LIABILITY Y / N**
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks

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NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

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ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

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GENERAL LIABILITY EACH OCCURRENCE \$**

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

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BODILY INJURY (Per person) \$ANY AUTO
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ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

**N / A OFFICER/MEMBER EXCLUDED?
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AUTHORIZED REPRESENTATIVE

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Message: RE: Certificate of Insurance Needed**Case Information:**

Message Type: Exchange
 Message Direction: External, Inbound
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:43 PM
 Item ID: 40862021
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

✉ RE: Certificate of Insurance Needed

From Janet Decker **Date** Monday, March 03, 2014 10:00 AM
To Schippers, Denise [IWD]
Cc

 **image001.png** (6 Kb HTML)  **image002.png** (1 Kb HTML)  **image003.png** (1 Kb HTML)
 **image004.png** (1 Kb HTML)  **image005.png** (1 Kb HTML)  **certificate.pdf** (74 Kb HTML)

Hi Denise,

See attached certificate requested!

Janet

Janet Decker | Commercial Customer Service Agent | PDCM Insurance
 3927 University Ave | Waterloo, IA 50701 | ☎ 319-234-8888 | 📞 319-234-7702 | ✉ jdecker@pdc.com

 PDCMins



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From: Schippers, Denise [IWD] [mailto:Denise.Schippers@iwd.iowa.gov]
Sent: Monday, March 03, 2014 9:40 AM
To: Janet Decker
Subject: Certificate of Insurance Needed

Janet,

I need a certificate of insurance for:

Q3 Contracting
2351 East County Line
Des Moines, IA 50320

Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Message: FW: Dana Lewis 02087.S2**Case Information:**

Message Type: Exchange
 Message Direction: Internal
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:56 PM
 Item ID: 40862382
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

FW: Dana Lewis 02087.S2

From Scheetz, Beth [IWD] **Date** Thursday, March 20, 2014 11:16 AM
To Eklund, David [IWD]; Wilkinson, Michael [IWD]
Cc

Dave and Mike,
 Devon suggested giving out your numbers to this claimant.
 Before I do that I thought I should check with you.
 Would one of you like to handle this?
 I haven't called the claimant back yet.
 I'd be happy to call him back and let him know who to call or that you'll be calling him.
 Let me know how I can help.
 Thanks,
 Beth Scheetz

From: Lewis, Devon [IWD]
Sent: Wednesday, March 19, 2014 9:10 AM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

You're welcome and thank you for yours.
Devon

From: Scheetz, Beth [IWD]
Sent: Wednesday, March 19, 2014 8:40 AM
To: Lewis, Devon [IWD]
Subject: RE: Dana Lewis 02087.S2

Sounds good.
 Thank you for your help.
 Beth A. Scheetz

From: Lewis, Devon [IWD]
Sent: Wednesday, March 19, 2014 8:00 AM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

You did not tell me that you told him I would call him or give me any contact information for him. Since you are the one that most recently spoke to him about this, you can give him Dave Eklund's and/or Mike Wilkinson's numbers as I suggested. Their contact information is in the materials that have been e-mailed out multiple times or is available on Outlook.
Devon

From: Scheetz, Beth [IWD]
Sent: Wednesday, March 19, 2014 6:57 AM
To: Lewis, Devon [IWD]
Subject: RE: Dana Lewis 02087.S2

Oh ok.
 Then I'll call him back and let him know that you will not be calling.
 Who should I tell him to call and what number?
 He's tried to get his money back by calling and asked that you help him, but I can send him to someone else.
 He said you were so helpful
 Beth

From: Lewis, Devon [IWD]
Sent: Tuesday, March 18, 2014 3:31 PM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

I likely issued that decision because of a lack of info in the admin record available at the time but do not specifically recall. The C would have to take up that enforcement issue with Dave Eklund or Mike Wilkinson or appeal to the EAB. Hope this helps.

From: Scheetz, Beth [IWD]
Sent: Tuesday, March 18, 2014 10:02 AM

Message: RE: Dana Lewis 02087.S2**Case Information:**

Message Type: Exchange
 Message Direction: Internal
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:56 PM
 Item ID: 40862384
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Dana Lewis 02087.S2

From Scheetz, Beth [IWD] **Date** Thursday, March 20, 2014 11:36 AM
To Wilkinson, Michael [IWD]; Eklund, David [IWD]
Cc

Thanks!
 Beth

From: Wilkinson, Michael [IWD]
Sent: Thursday, March 20, 2014 11:32 AM
To: Scheetz, Beth [IWD]; Eklund, David [IWD]
Subject: RE: Dana Lewis 02087.S2

Dave is the authority on these kinds of things. We may need to look at all of the decisions first. Thank you for the heads up.

From: Scheetz, Beth [IWD]
Sent: Thursday, March 20, 2014 11:16 AM
To: Eklund, David [IWD]; Wilkinson, Michael [IWD]
Subject: FW: Dana Lewis 02087.S2

Dave and Mike,
 Devon suggested giving out your numbers to this claimant.
 Before I do that I thought I should check with you.
 Would one of you like to handle this?
 I haven't called the claimant back yet.
 I'd be happy to call him back and let him know who to call or that you'll be calling him.
 Let me know how I can help.
 Thanks,
 Beth Scheetz

From: Lewis, Devon [IWD]
Sent: Wednesday, March 19, 2014 9:10 AM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

You're welcome and thank you for yours.
Devon

From: Scheetz, Beth [IWD]
Sent: Wednesday, March 19, 2014 8:40 AM
To: Lewis, Devon [IWD]
Subject: RE: Dana Lewis 02087.S2

Sounds good.
 Thank you for your help.
 Beth A. Scheetz

From: Lewis, Devon [IWD]
Sent: Wednesday, March 19, 2014 8:00 AM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

You did not tell me that you told him I would call him or give me any contact information for him. Since you are the one that most recently spoke to him about this, you can give him Dave Eklund's and/or Mike Wilkinson's numbers as I suggested. Their contact information is in the materials that have been e-mailed out multiple times or is available on Outlook.
Devon

From: Scheetz, Beth [IWD]
Sent: Wednesday, March 19, 2014 6:57 AM
To: Lewis, Devon [IWD]
Subject: RE: Dana Lewis 02087.S2

Oh ok.
 Then I'll call him back and let him know that you will not be calling.

Who should I tell him to call and what number?
He's tried to get his money back by calling and asked that you help him, but I can send him to someone else.
He said you were so helpful
Beth

From: Lewis, Devon [IWD]
Sent: Tuesday, March 18, 2014 3:31 PM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

I likely issued that decision because of a lack of info in the admin record available at the time but do not specifically recall. The C would have to take up that enforcement issue with Dave Eklund or Mike Wilkinson or appeal to the EAB. Hope this helps.

From: Scheetz, Beth [IWD]
Sent: Tuesday, March 18, 2014 10:02 AM
To: Lewis, Devon [IWD]
Subject: Dana Lewis 02087.S2

Just had hearing with Dana Lewis on the issue of state income tax refund offset.

Here's the history of the case:

12/26/04 Decision of ALJ affirming overpayment 04-IWDUI-224
3/30/11 Deb's Decision allowing offset 11A-UI-02211
3/29/13 Your Decision not allowing offset 13A-UI-02519
3/18/14 My Decision allowing offset 14A-UI-02087

Here's the problem.

Even though your decision says we aren't allowed to take his refund, we did.
The claimant wants his money back.
He remembers you and asked that I ask you about it.
Beth A. Scheetz

Message: RE: Dana Lewis 02087.S2**Case Information:**

Message Type: Exchange
 Message Direction: Internal
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:56 PM
 Item ID: 40862386
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Dana Lewis 02087.S2

From Scheetz, Beth [IWD] **Date** Thursday, March 20, 2014 11:43 AM
To Eklund, David [IWD]; Wilkinson, Michael [IWD]
Cc

Dave,
 His number is 319-981-3150.
 Should I call and let him know you'll be calling after you look into the matter?
 Beth

From: Eklund, David [IWD]
Sent: Thursday, March 20, 2014 11:37 AM
To: Wilkinson, Michael [IWD]; Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

Yes, I would be the point of contact.
 We do not show a phone number for Dana in our system as his claim has dropped off.
 I will need to read all of the decisions and try to determine why we have gone both ways and what best fits the current situation.

If you have a contact phone for him I would appreciate it.
 Dave

From: Wilkinson, Michael [IWD]
Sent: Thursday, March 20, 2014 11:32 AM
To: Scheetz, Beth [IWD]; Eklund, David [IWD]
Subject: RE: Dana Lewis 02087.S2

Dave is the authority on these kinds of things. We may need to look at all of the decisions first. Thank you for the heads up.

From: Scheetz, Beth [IWD]
Sent: Thursday, March 20, 2014 11:16 AM
To: Eklund, David [IWD]; Wilkinson, Michael [IWD]
Subject: FW: Dana Lewis 02087.S2

Dave and Mike,
 Devon suggested giving out your numbers to this claimant.
 Before I do that I thought I should check with you.
 Would one of you like to handle this?
 I haven't called the claimant back yet.
 I'd be happy to call him back and let him know who to call or that you'll be calling him.
 Let me know how I can help.
 Thanks,
 Beth Scheetz

From: Lewis, Devon [IWD]
Sent: Wednesday, March 19, 2014 9:10 AM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

You're welcome and thank you for yours.
 Devon

From: Scheetz, Beth [IWD]
Sent: Wednesday, March 19, 2014 8:40 AM
To: Lewis, Devon [IWD]
Subject: RE: Dana Lewis 02087.S2

Sounds good.
 Thank you for your help.
 Beth A. Scheetz

From: Lewis, Devon [IWD]

Sent: Wednesday, March 19, 2014 8:00 AM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

You did not tell me that you told him I would call him or give me any contact information for him. Since you are the one that most recently spoke to him about this, you can give him Dave Eklund's and/or Mike Wilkinson's numbers as I suggested. Their contact information is in the materials that have been e-mailed out multiple times or is available on Outlook.

Devon

From: Scheetz, Beth [IWD]
Sent: Wednesday, March 19, 2014 6:57 AM
To: Lewis, Devon [IWD]
Subject: RE: Dana Lewis 02087.S2

Oh ok.

Then I'll call him back and let him know that you will not be calling.

Who should I tell him to call and what number?

He's tried to get his money back by calling and asked that you help him, but I can send him to someone else.

He said you were so helpful

Beth

From: Lewis, Devon [IWD]
Sent: Tuesday, March 18, 2014 3:31 PM
To: Scheetz, Beth [IWD]
Subject: RE: Dana Lewis 02087.S2

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From: Scheetz, Beth [IWD]
Sent: Tuesday, March 18, 2014 10:02 AM
To: Lewis, Devon [IWD]
Subject: Dana Lewis 02087.S2

Just had hearing with Dana Lewis on the issue of state income tax refund offset.

Here's the history of the case:

12/26/04 Decision of ALJ affirming overpayment 04-IWDUI-224

3/30/11 Deb's Decision allowing offset 11A-UI-02211

3/29/13 Your Decision not allowing offset 13A-UI-02519

3/18/14 My Decision allowing offset 14A-UI-02087

Here's the problem.

Even though your decision says we aren't allowed to take his refund, we did.

The claimant wants his money back.

He remembers you and asked that I ask you about it.

Beth A. Scheetz

Message: RE: Certificate of Insurance**Case Information:**

Message Type: Exchange
Message Direction: Internal
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:43 PM
Item ID: 40862002
Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

RE: Certificate of Insurance

From Schippers, Denise [IWD] **Date** Monday, March 03, 2014 8:35 AM
To Brink, Amy [IWD]; Gotta, Antonina [IWD]
Cc

 [certificates 6.pdf](#) (80 Kb HTML)

Attached is the renewed certificate.

From: Brink, Amy [IWD]
Sent: Monday, March 03, 2014 8:31 AM
To: Gotta, Antonina [IWD]; Schippers, Denise [IWD]
Subject: Certificate of Insurance

Brenda is out sick today and I'm unsure where to find this. Do you guys have a copy of the Certificate of Insurance for Ottumwa Job Corps? They were wanting a copy of it. I'm thinking when the change of HR happened that might have gotten misplaced.
THanks,

Amy Brink
IowaWORKS Southern Iowa
Ph: 641-684-5401 ext 40010
Fax: 641-684-4351
amy.brink@iwd.iowa.gov

Image 1

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).
CONTACTPRODUCER

NAME:

FAXPHONE
(A/C, No):(A/C, No, Ext):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$
WC STATU- OTH-WORKERS COMPENSATION
TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Message: FW: Certificate of Insurance Needed

Case Information:


Message Type: Exchange
Message Direction: Internal
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:43 PM
Item ID: 40862005
Policy Action: Not Specified

Mark History:


No reviewing has been done

Policies:

No Policies attached

 **FW: Certificate of Insurance Needed**

From Schippers, Denise [IWD] **Date** Monday, March 03, 2014 10:26 AM
To Stevens, Corey [IWD]
Cc Gotta, Antonina [IWD]

 [certificate.pdf](#) (74 Kb HTML)

Attached is the certificate of insurance for:
Q3 Contracting
2351 East County Line
Des Moines, IA 50320

Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).
CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT

COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO

ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS

\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR

EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$

WC STATU- OTH-WORKERS COMPENSATION

TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N

ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?

(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

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AUTHORIZED REPRESENTATIVE

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Message: FW: Certificates of Insurance Needed

Case Information:

Message Type: Exchange
Message Direction: Internal
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:43 PM
Item ID: 40862006
Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **FW: Certificates of Insurance Needed**

From Schippers, Denise [IWD] **Date** Monday, March 03, 2014 10:27 AM
To Immerfall, Craig [IWD]
Cc Gotta, Antonina [IWD]

 [certificates.pdf](#) (94 Kb HTML)

Certificates of insurance for:

Cargill Meat Solutions
600 S Iowa Ave
Ottumwa, IA 52501

Tyson Fresh Meats
13500 I Ct.
Perry, IA 50220

Thank you,
Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

- [Image 1](#)
- [Image 2](#)

Image 1

DATE (MM/DD/YYYY)

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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

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ADDL SUBRINSR POLICY EFF POLICY EXP

TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$
WC STATU- OTH-WORKERS COMPENSATION
TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / A OFFICER/MEMBER EXCLUDED?
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CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDL SUBRINSR POLICY EFF POLICY EXP

TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$
WC STATU- OTH-WORKERS COMPENSATION
TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Message: FW: Certificate of Insurance

Case Information:

Message Type: Exchange
Message Direction: Internal
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:43 PM
Item ID: 40862003
Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **FW: Certificate of Insurance**

From Schippers, Denise [IWD] **Date** Monday, March 03, 2014 10:28 AM
To Nelson-Schoon, Catherine [IWD]
Cc Gotta, Antonina [IWD]

 [certificate.pdf](#) (73 Kb HTML)

Attached is the certificate of insurance for:

Hy Vee
611 10th Avenue N
Humboldt, IA 50548.

Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).
CONTACTPRODUCER

NAME:

FAXPHONE

(A/C, No):(A/C, No, Ext):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$
WC STATU- OTH-WORKERS COMPENSATION
TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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AUTHORIZED REPRESENTATIVE

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Message: FW: Certificate of Insurance Needed

Case Information:


Message Type: Exchange
Message Direction: Internal
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:43 PM
Item ID: 40862004
Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **FW: Certificate of Insurance Needed**

From Schippers, Denise [IWD] **Date** Monday, March 03, 2014 10:29 AM
To Becker, Robert [IWD]
Cc Gotta, Antonina [IWD]

 [certificate.pdf](#) (73 Kb HTML)

Attached is the certificate of insurance for:

GKN Armstrong Wheels, Inc.
2420 7th Ave. South
Estherville, Iowa 51334.

Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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CONTACTPRODUCER

NAME:

FAXPHONE
(A/C, No):(A/C, No, Ext):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$
WC STATU- OTH-WORKERS COMPENSATION
TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

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AUTHORIZED REPRESENTATIVE

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Message: FW: Certificate of Insurance Needed

Case Information:


Message Type: Exchange
Message Direction: Internal
Case: IWD Senator Petersen Request - Version 3
Capture Date: 7/10/2014 1:32:57 PM
Item ID: 40862431
Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **FW: Certificate of Insurance Needed**

From Schippers, Denise [IWD] **Date** Monday, March 24, 2014 8:24 AM
To Stevens, Corey [IWD]
Cc

 [certificate.pdf](#) (74 Kb HTML)

FYI

From: Schippers, Denise [IWD]
Sent: Monday, March 03, 2014 10:26 AM
To: Stevens, Corey [IWD]
Cc: Gotta, Antonina [IWD]
Subject: FW: Certificate of Insurance Needed

Attached is the certificate of insurance for:
Q3 Contracting
2351 East County Line
Des Moines, IA 50320

Denise Schippers
Business Services Manager | Foreign Labor Certification
Iowa Workforce Development | Workforce Services Division
1000 East Grand Avenue – 1st floor West
Des Moines, IA 50319
Phone: 515-281-7538
Cell: 515-360-9542
Fax: 515-725-2999

Image 1

DATE (MM/DD/YYYY)

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CONTACTPRODUCER

NAME:

FAXPHONE
(A/C, No):(A/C, No, Ext):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A :

INSURED INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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ADDL SUBRINSR POLICY EFF POLICY EXP

TYPE OF INSURANCE LIMITSPOLICY NUMBERLTR (MM/DD/YYYY) (MM/DD/YYYY)INSR WVD
GENERAL LIABILITY EACH OCCURRENCE \$

DAMAGE TO RENTED

COMMERCIAL GENERAL LIABILITY \$PREMISES (Ea occurrence)

CLAIMS-MADE OCCUR MED EXP (Any one person) \$

PERSONAL & ADV INJURY \$

GENERAL AGGREGATE \$

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$

PRO- \$POLICY LOCJECT
COMBINED SINGLE LIMIT

AUTOMOBILE LIABILITY

(Ea accident) \$

BODILY INJURY (Per person) \$ANY AUTO
ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$

AUTOS AUTOS

NON-OWNED PROPERTY DAMAGE \$HIRED AUTOS (PER ACCIDENT)AUTOS
\$

UMBRELLA LIAB EACH OCCURRENCE \$OCCUR
EXCESS LIAB CLAIMS-MADE AGGREGATE \$

\$DED RETENTION \$
WC STATU- OTH-WORKERS COMPENSATION
TORY LIMITS ERAND EMPLOYERS' LIABILITY Y / N
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$

N / AOFFICER/MEMBER EXCLUDED?
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under

E.L. DISEASE - POLICY LIMIT \$DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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AUTHORIZED REPRESENTATIVE

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Message: Clear2There Presentation**Case Information:**

Message Type: Exchange
 Message Direction: Internal
 Case: IWD Senator Petersen Request - Version 3
 Capture Date: 7/10/2014 1:32:13 PM
 Item ID: 40861365
 Policy Action: Not Specified

Mark History:

No reviewing has been done

Policies:

No Policies attached

 **Clear2There Presentation**

From	Wise, Steve [IWD]	Date Friday, August 16, 2013 2:56 PM
To	Ackerman, Susan [IWD]; Donner, Lynette [IWD]; Elder, Julie [IWD]; Hendricksmeier, Bonny [IWD]; Hillary, Teresa [IWD]; Lewis, Devon [IWD]; Mormann, Marlon [IWD]; Nice, Terence [IWD]; Scheetz, Beth [IWD]; Seeck, Vicki [IWD]; Stephenson, Randall [IWD]; Timberland, James [IWD]; Wise, Debra [IWD]; Wise, Steve [IWD]	
Cc	Bateman, Gary [IWD]; Wahlert, Teresa [IWD]; Benson, Joni [IWD]	

 [C2T 2013 Functions and Features.pdf](#) (116 Kb HTML)

As mentioned in the ALJ staff meeting on Thursday, Maureen Bucek with Clear2There will be making a presentation to IT and UI Appeals staff on Monday, August 19.

Clear2There is a company that provides phone conferencing and digital recording and storage services for 14 state UI Appeals agencies. It will be up to 16 by this Fall as Vermont and Puerto Rico come online. Maureen Bucek was formally with the Texas Workforce Commission and knows the UI Appeals process.

For some background, I have attached a flyer I received from Clear2There. I have also does some inquiries with other states that use Clear2There. I wanted to share one immediate response I received from the Arizona Chief ALJ Jay Arcellana yesterday. Obviously, I will share any critical information I receive as well.

Good morning Steve,

I apologize for the late reply as I was tied up in meetings yesterday. I trust all is well, and appreciate the opportunity to provide you input on Clear2There.

Let me start by simply stating that I am a huge fan of Clear2There.

Clear2There allows an ALJ and the Office of Appeals all the tools necessary to hold hearings electronically. Parties are able to register online or over the phone with a customer service representative. The online option allows for flexibility and convenience for parties, and is used more often by Arizona parties than registering over the phone. Once parties are registered they have the opportunity to provide contact information for additional witnesses or observers of their choosing. The parties can also add any special instructions for support staff or the ALJ, for example the need for an interpreter or an additional phone number they can be reached at.

Another great benefit of Clear2There, is that the ALJ controls the hearing through an easy and intuitive website. Once the parties are registered, the ALJ is able to start the recording and dial themselves in and conduct any prehearing recording as necessary. Once ready, the ALJ can connect each participant individually. The website provides up to the minute information regarding the status of participants and if someone has been disconnected or if the line cannot be connected. The ALJ does not have to worry about the recording stopping, or ending while the hearing is being conducted. The ALJ can connect and disconnect any participant, at any point in the hearing, as well as mute any participant as necessary. Clear2There also allows the ALJ to play any portion of a previously recorded hearing, during a current hearing and all participants can hear the recording clearly.

Once a hearing is complete, Clear2There stores the hearing recordings, and all recordings are searchable by Claimant's name, Social Security number, ALJ's name, Issue, Hearing date etc. The recordings are of high quality, but are ultimately dependent upon the quality of the phone being used by the ALJ. Recordings can be saved externally or exported to CDs when requested by parties. The Recordings are easily exported to transcriptionist vendors, when transcripts are necessary.

I do not know where we would be without the functionality that Clear2 There provides. Additionally, Maureen and her staff are top drawer and extremely responsive. I have no negatives to say about Clear2There.

Before closing, I will ask one of my supervisors to provide you with a sanitized copy of one of our hearing notices.

I hope the above is helpful. Please let me know if you would like further information.

Best,
Jay

- [Image 1](#)
 - [Image 2](#)
 - [Image 3](#)
-

Image 1

Functions and Features

C2t, Inc., [d/b/a Clear2there] combines long distance and conference bridge services with a service to digitally record administrative hearings. A client agency does not need to purchase, lease, house, or maintain any hardware, software, or server associated with conference bridging or digital recording. The Clear2there Appellate Hub includes the following functionality:

Accessibility

The Clear2there [C2T] system is accessible by all hearing receptionists, hearing officers, and Higher authority reviewers from their differing locations [state office, satellite offices, home offices, etc.] via the internet. Access is secure.

High Volume Capabilities

C2T ensures adequate bridging capacity and recording storage for your case volumes, and is scalable to grow as you do. An individual hearing session can have as few or as many participants as you wish. C2T records inperson or telephone hearings.

Automated Conference Control Features

Automatic dialing of telephone numbers for telephone hearing participants;

Mute and Unmute any teleconference line;

Add and drop participants at any time during the teleconference;

Provide an audible and a visual cue to notify hearing officer when any party becomes disconnected;

Allows international calls at no extra charge;

System redundancy, fault tolerance and disaster recovery features;

Indexable Recordings: Allows search for recordings by key index values such as case #, Applicant ID number, a party's name, Hearing Officer Name, and Hearing Date.

Image 2

Automated Recording Features

High quality recording-- clarity, non-distortion;

Allows access, selection and playback of any prior hearing recordings or any earlier portion of the current

conference recording during a conference/hearing so that all participants on the telephone call can hear the playback;

Creates automatic bookmarks in the recording to tag noteworthy events such as when participants join or leave

the conference call, or a playback of prior recordings starts or stops;

Allows users to enter additional bookmarks from a pick list or identified with their own text tag;

Allows easy downloading of recordings that can be replayed through any media player that plays mp3 format;

Burn recordings to CD with standard commercial software;

Allows sending copies of hearing recordings as email attachments;

Case Notes

Users can append Notes to a case viewable by all other users

Entering Call Back Telephone Numbers From Parties

If staff currently receive calls from parties in advance of the hearing to take names and telephone numbers of parties, this information along with any special instructions can be entered directly in C2T so that the hearing officer can do One-click dialing to connect that party at the time of hearing

Image 3

On-Line Registration

In addition, C2T provides a website where parties can securely register their names and phone numbers on-line in advance of the scheduled hearing. Parties or their representatives enter their telephone contact information directly in C2T so that the hearing officer can do One-click dialing to connect those participants at the time of hearing. On-line registrants are given a unique Confirmation Number allowing them to make updates and changes to their on-line information. On-line registrations receive a date/time stamp in the C2T system. Our experience shows, within a few months, at least 50% of your parties will be registering with this on-line tool.

Reports and Billing

C2T generates itemized monthly reports showing usage of the conference bridge by user name, length of call, number called, date and time of call, cost of call. The on-line report feature allows you to view usage or billing

info at any time, for any period.

Record Retention and Purging

C2T retains recordings for any retention period specified in the contract, provides notice before purging recordings at the end of the period, and allows certain cases to be marked for extended retention.

Training

C2T provides training in use of the service to your personnel at the time of initial deployment of the service.

Training materials are provided. Training consists of a combination of lecture/demonstration to learn the functionality of C2T followed by participation in mock hearings/conferences for Hearing Officers to get hands on experience.

Let's Get Together...

We would be delighted to give you or your staff a demonstration of the Clear2there system. You can contact

us:

Kelly Carlton kcarlton@clear2there.com 405-948-1797 ext 147

Maureen Bucek mbucek@clear2there.com 361-772-4466
