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



BENEFIT CHARGES Benefits Charges SIDES PARTICIPATI

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

Hours

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- Holiday Pay
- Bonus Pay
- Vacation Pay

Gross Earnings

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

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

| | SEPARATION BEGIN DATE | GROUP TYPE | RETURN TO WORK DATE (IF ANY) | LOCATION | GROUP ID | 1-20 of 36 items LAST UPDATE | I⊲ < 1 2 > ⊅ Status |
|------------|--------------------------|--------------|---------------------------------|------------------------------|----------|---------------------------------|----------------------------|
| 0 | 10/15/2021 | File a Claim | | ALL | 63940 | | |
| 0 | 10/02/2021 | File a Claim | | ALL | 63944 | | |
| 0 | 10/01/2021 | File a Claim | | ALL | 63939 | | |
| 0 | 10/01/2021 | File a Claim | | ALL | 63936 | 10/13/2021 | |
| 0 | 11/21/2020 | File a Claim | | ALL | 56007 | 11/29/2020 | |
| ۲ | 11/15/2020 | File a Claim | | ALL | 55814 | 11/23/2020 | |
| 0 | 11/08/2020 | File a Claim | | ALL | 55638 | 11/16/2020 | |
| 0 | 11/01/2020 | File a Claim | | ALL | 55302 | 11/09/2020 | |
| 0 | 10/24/2020 | File a Claim | | ALL | 54985 | 11/02/2020 | |
| 0 | 10/18/2020 | File a Claim | | ALL | 54705 | 10/26/2020 | |
| 0 | 10/11/2020 | File a Claim | | ALL | 54405 | 10/19/2020 | |
| 0 | 10/04/2020 | File a Claim | | ALL | 54074 | 10/12/2020 | |
| 0 | 09/27/2020 | File a Claim | | ALL | 53719 | 10/05/2020 | |
| 0 | 09/20/2020 | File a Claim | | ALL | 53310 | | |
| 0 | 09/20/2020 | File a Claim | | ALL | 53309 | 09/27/2020 | |
| 0 | 09/13/2020 | File a Claim | | ALL | 52970 | 09/21/2020 | |
| 0 | 09/06/2020 | File a Claim | | ALL | 52443 | 09/13/2020 | |
| 0 | 08/30/2020 | File a Claim | | ALL | 51979 | 09/06/2020 | |
| 0 | 08/23/2020 | File a Claim | | ALL | 51478 | 08/30/2020 | |
| 0 | 08/16/2020 | File a Claim | | ALL | 50905 | 08/23/2020 | |
| | | | | | | 1-20 of 36 items | $ \triangleleft < 1 \ge 0$ |
| TITLE | | inistrator | EMAIL ADDRESS | Rgimore@southcoastpaper | | A PETITION | |
| CONTACT NA | ME Rosa GI | more | PHONE NUMBER FAX NUMBER | 803-758-4052 888-817-7550 | UN | IION LOCAL | |

The system will navigate to the Multi Claimant Group screen:

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

FILE CLAIM Enter Employees Manually EMPLOYEE INFORMATIO ADDRESS locial Security Nu Address Line First Name MI (Optional) Last Name 曲 . . U.S. Citizer Cour Allen Registration n group) ilday pay *(Optiona*) oup) Sonus Pay (Opti Bonus Type (0 O Yes O No Has the claimant applied for or received any disability payments nt receiving any kind of retirement or pension (Excluding Social Security)? O Yes O No O Yes O No claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business O Yes O No , spouse, or parent of this employer Clear Search Save

| 1 | Added Em | ployees | | | | | | | |
|---|-------------|-----------------------|-------------------------|------------------|----------------|----------|-------|------------------------|---------|
| | | | | | | | | | |
| | Select a | letter to display nam | es starting with that I | etter | | | | | |
| | вса |) E F G | н і і | K L M N | | з т | u v w | X Y Z AII | |
| | SSN | LAST NAME | FIRST NAME | ADDRESS LINE 1 | ADDRESS LINE 2 | спу | | IP RETURN TO WORK DATE | STATUS |
| ۲ | 111-11-1111 | DIGGS | BOBBY | 4021 PERCIVAL RD | APT 1632 | COLUMBIA | SC 2 | 9229 | Pending |
| 0 | 111-11-1116 | DIGGS | MICHAEL | 4026 PERCIVAL RD | | COLUMBIA | SC 2 | 9229 | Pending |
| 0 | 111-11-1112 | DIGGS | DEVINE | 4022 PERCIVAL RD | | COLUMBIA | SC 2 | 9229 | Pending |
| 0 | 111-11-1114 | HILL | JUSTIN | 4024 PERCIVAL RD | | COLUMBIA | 5C 2 | 9229 | Pending |
| 0 | 111-11-1115 | DIGGS | JOE | 4025 PERCIVAL RD | | COLUMBIA | SC 2 | 9229 | Pending |
| 0 | 111-11-1113 | CARMICHAEL | HARRY | 4023 PERCIVAL RD | | COLUMBIA | SC 2 | 9229 | Pending |
| | | | | | | | | | |
| | | | | | | | | | _ |
| | | | | | | Back | Upr | Jate Delete | Finish |

FILE CLAIM

| EMPLOYEE INFORMATI | ION | | | ADDRESS | | | |
|---|--|---|-----|--------------------------|-------|---|---------------------------|
| Social Security Number | r | | | Address Line 1 | | | |
| 111-11-1111 | | | | 4021 PERCIVAL RD | | | |
| First Name | MI (O | ptional) Last Name | | Address Line 2 (Option | 740 | | |
| BOBBY | | DIGGS | | APT 1632 | | | |
| Date of Birth | | Gender | | City | | | |
| 07/03/1974 | | Male | • | COLUMBIA | | | a |
| lace | | Ethnicity | | State | | Zip Code | |
| American Indian/Ala: | ska Native 🔻 🔻 | Not Hispanic or Latino | • | South Carolina | | ▼ 29229 | |
| Phone Number (Option | vnal) | U.S. Citizen | | County | | | |
| 8037372400 | | YES | • | RICHLAND | | | • |
| Hours Worked G | IS Gross Earning for th | e week of 10/17/2021 - 10/23/26 | 021 | Start Date | | Last Day Worked (If d | |
| | 15 | | | Start Date 03/09/2019 | | Last Day Worked (If d mm/dd/yyyy | lifferent from group) |
| Hours Worked G | IS Gross Earning for th 100.00 | e week of 10/17/2021 - 10/23/2/ Vacation pay <i>(Optional)</i> | | | | mm/dd/yyyy Return to Work Date | (If different from group) |
| Hours Worked G | IS Gross Earning for th 100.00 | e week of 10/17/2021 - 10/23/2/ | | 03/09/2019 | | mm/dd/yyyy | |
| Hours Worked G | IS Gross Earning for th 100.00 | e week of 10/17/2021 - 10/23/2/ Vacation pay <i>(Optional)</i> | | 03/09/2019 | | mm/dd/yyyy Return to Work Date | (If different from group) |
| Hours Worked G 10 Holiday pay (Optional) 0.00 | IS Gross Earning for th 100.00 | e week of 10/17/2021 - 10/25/2J Vacation pay <i>(Optional)</i> 100.00 | | 03/09/2019 | | mm/dd/yyyy Return to Work Date | (If different from group) |
| 10 Holiday pay (Optional) 0.00 Bonus Pay (Optional) 500.00 | IS Gross Earning for th 100.00 | e week of 10/17/2021 - 10/23/23 Vacation pay <i>(Optional)</i> 100.00 Bonus Type <i>(Optional)</i> | 021 | 03/09/2019 | O res | mm/dd/yyyy Return to Work Date | (If different from group) |
| Hours Worked G 10 Holiday pay (Optional) 0.00 Bonus Pay (Optional) 500.00 Has the claimant applie | IS Gross Earning for th 100.00 ed for or received a | e week of 10/17/2021 - 10/23/23 Vacation pay (Optional) 100.00 Bonus Type (Optional) Stay | • | 03/09/2019 | | mm/dd/yyyy Return to Work Date mm/dd/yyyy | (If different from group) |
| Hours Worked 0 10 Holiday pay (Optional) 0.00 Bonus Pay (Optional) 500.00 Has the claimant applie | is Gross Earning for th 100.00 ed for or received a ing any kind of retire | e week of 10/17/2021 - 10/23/2/ Vacadon pay (Optional) 100.00 Bonus Type (Optional) 51ay ny disability payments? | D21 | 03/09/2019 | O yes | mm/dd/yyyy Return to Work Date mm/dd/yyyy | (If different from group) |

Searching For Employees

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

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

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

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

Updating Hours Worked and/or Gross Earnings:

Follow steps 1 through 4 to locate the employee.

| EMPLOYEE INFORMATION | | | | | ADDRESS | | | | | |
|--|--------------|--|--|------------------|---------------------------|-------|----------------------|--------------------------------|---------------------|---|
| Social Security Number | | | | | Address Line 1 | | | | | |
| 111-11-111 | | | | | 4021 PERCIVAL RD | | | | | |
| First Name | м (0 | Isocito | Last Name | | Address Line 2 (Optional) | | | | | |
| 8085Y | | _ | DIGGS | | APT 1632 | | | | | |
| Date of Birth | Birth Gender | | | | | | | | | |
| | | | | | City | | | (| 2 | |
| Bace | | Ethnici | | | State | | | Zip Code | | |
| | • | | Hispanic or Latino | | South Carolina | | | 29229 | | |
| | | | | | | | | | | |
| Phone Number (Optional) 8037372400 | | | U.S. Citizen YES | • | RICHLAND | | | | | |
| 0037372400 | | | 10 | • | RICHDIND | | | | | |
| ELIGIBILITY QUESTIONS | | | | | | | | | | |
| | ; for th | e week o | rf 10/17/2021 - 10/23/ | 2021 | Start Date 03/09/2019 | | | ly Worked (If differ | rent from group) | 1 |
| Hours Worked Gross Earning | ; for th | | | 2021 | 03/09/2019 | | mm/ | dd/yyyy | 6 | - |
| Hours Worked Gross Earning | for th | | on pay (Optional) | 2021 | | | mm/ Return | dd/yyyy n to Work Date(if d | | |
| Hours Worked Gross Earning | for th | Vacatio 100.0 | on pay <i>(Optional)</i> 00 | 2021 | 03/09/2019 | | mm/ Return | dd/yyyy | Ifferent from group | |
| Hours Worked Gross Earning Beliday pay (Optional) D.00 Bonus Pay (Optional) |) for th | Vacatio 100.0 Bonus | on pay (Optional) 30 Type (Optional) | | 03/09/2019 | | mm/ Return | dd/yyyy n to Work Date(if d | Ifferent from group | |
| Hours Worked Gross Earning | t for th | Vacatio 100.0 | on pay (Optional) 30 Type (Optional) | 2021 | 03/09/2019 | | mm/ Return | dd/yyyy n to Work Date(if d | Ifferent from group | |
| Hours Worked Gross Earning Beliday pay (Optional) D.00 Bonus Pay (Optional) | | Vacatio 100.0 Bonus Stay | on pay <i>(Optional)</i> 20 Type <i>(Optional)</i> | | 03/09/2019 | O Yes | mm/ Return mm/ | dd/yyyy n to Work Date(if d | Ifferent from group | |
| Hours Worked Gross Earning 0 0 Holiday pay (Optional) 0.00 Bonus Pay (Optional) 500.00 | elved an | Vacatio 100.0 Bonus Stay | on pay (Optional) 30 Type (Optional) | • | 03/09/2019 | | mm/ Return mm/ | dd/yyyy n to Work Date(if d | Ifferent from group | |
| Hours Worked Gross Earning bildiay pay (Optional) bildiay pay (Optional) bildiay pay (Optional) bildiay bildiay bildiay (Optional) bildiay bi | elved an | Vacatic 100.0 Bonus Stay ny disabi | on pay (Optional) 00 Type (Optional) Ility payments? pension (Excluding Sc | kcial Security/? | 03/09/2019 | O Yes | Return mm/ | dd/yyyy n to Work Date(if d | Ifferent from group | |

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

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

| | | | ADDRESS | | | | |
|--|--|---|------------------------|-------|--|----------------|--|
| Social Security Number | | | Address Line 1 | | | | |
| first Name | MI (Optional) Last | Name | Address Line 2 (Option | nal) | | | |
| Date of Birth | Gender | | City | | | | |
| | | • | city | | | a | |
| Race | Ethnicity | | State | | Zip Code | | |
| | • | • | | • | | | |
| Phone Number (Optional) | U.S. | Citizen | County | | | | |
| | | • | | | | | |
| ELIGIBILITY QUESTIONS | Allen Registration t | Expiration Date | Shart Data | | et Day Winskad (IF differen | | |
| ELIGIBILITY QUESTIONS | mm/dd/yyyy | Expiration Date | Start Date | - | st Day Worked (If differen | | |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earnin | mm/dd/yyyy | Expiration Date | | iii r | | nt from group) | |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earnin | mm/dd/yyyy | Expiration Date | mm/dd/yyyy | E r | nm/dd/yyyy | nt from group) | |
| Lien Registration ELIGBILITY QUESTIONS Cours Worked Groos Earning Holiday pay (Optional) Bonus Pay (Optional) | mm/dd/yyyy | 2xpiration Date | mm/dd/yyyy | E r | nm/dd/yyyy iturn to Work Date(if diff | nt from group) | |
| CLGIBILITY QUESTIONS fours Worked Gross Earnin foliday pay (Optional) | mm/dd/yyyy g for the week of 10/ Vacation pa | 2xpiration Date | mm/dd/yyyy | E r | nm/dd/yyyy iturn to Work Date(if diff | nt from group) | |
| CLGIBILITY QUESTIONS fours Worked Gross Earnin foliday pay (Optional) | mm/dd/yyyy g for the week of 10/ Vacation pa Bonus Type | 2ppr/attion Date 17/2021 - 16/23/2021 1/(2021 - 16/23/2021 (Optional) (Optional) V | mm/dd/yyyy | E r | nm/dd/yyyy Iturn to Work Date(if diffi nm/dd/yyyy | nt from group) | |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earning Holiday pay (Optional) | mm/dd/yyyy g for the week of 10/ Vacation pa Bonus Type elved any disability p | 2ppr/attion Date 17/2021 - 10/23/2021 (Optional) (Optional) wyments2 | mm/dd/yyyy | Re r | nm/dd/yyyy Iturn to Work Date(if diffi mm/dd/yyyy No | nt from group) | |
| ELIGIBILITY QUESTIONS fours Worked Gross Earnin Holiday pay (Optional) bonus Pay (Optional) has the claimant applied for or reco | g for the week of 10/ Vacation pa Bonus Type eved any disability p | In (Excluding Social Security)? | mm/dd/yyyy | C Yes | nen/dd/yyyy teurn to Work Data(if diff nen/dd/yyyy No | nt from group) | |

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

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Futor Fundament

| EMPLOYEE INFORMATION | | ADDRESS | | | |
|--|---|-----------------------------------|-------------------------|---|-----------------------|
| Social Security Number | | Address Line 1 | | | |
| 111-11-1111 | | 4021 PERCIVAL RD | | | |
| First Name MLO | Optional) Last Name | Address Line 2 (Optio | na() | | |
| BOBBY | DIGGS | APT 1632 | | | |
| Date of Birth | Gender | City | | | |
| 07/03/1974 | Male | | | | 0 |
| tace | Ethnicity | State | | Zip Code | |
| American Indian/Alaska Native | Not Hispanic or Latino | | | • 29229 | |
| Phone Number (Optional) | U.S. Citizen | County | | | |
| 8037372400 | YES | | | | |
| | | | | | |
| ELIGIBILITY QUESTIONS | | | | | |
| Hours Worked Gross Earning for t | he week of 10/17/2021 - 10/23/2021 | Start Date | _ | Last Day Worked (If diffe | |
| | the week of 10/17/2021 - 10/23/2021 | Start Data 03/09/2019 | | mm/dd/yyyy | |
| tours Worked Gross Earning for t 0 0.00 toliday pay (Optional) | Vacation pay (Optional) | | | mm/dd/yyyy Return to Work Date(if o | Ilferent from group) |
| Hours Worked Gross Earning for t | | 03/09/2019 | | mm/dd/yyyy | |
| Hours Worked Gross Earning for t 0 0.00 foliday pay (Optional) 0.00 Bonus Pay (Optional) | Vacation pay (Optional) 100.00 Bonus Type (Optional) | 03/09/2019 | | mm/dd/yyyy Return to Work Date(if o | sifferent from group) |
| Hours Worked Gross Earning for t 0 0.00 foliday pay (Optional) 0.00 | Vacation pay (Optional) | 03/09/2019 | | mm/dd/yyyy Return to Work Date(if o | Ilferent from group) |
| tours Worked Gross Earning for t 0.00 10/lday pay (Optional) 0.00 Sonus Pay (Optional) 500.00 | Vacation pay (Optional) 100.00 Bonus Type (Optional) Stay | 03/09/2019 | | mm/dd/yyyy Return to Work Date(if o | Ilferent from group) |
| Hours Worked Gross Earning for t 0 0.00 101day pay (Optional) 0.00 0.00 0.00 500.00 0.00 42000 0.00 | Vacation pay (Optional) 100.00 Bonus Type (Optional) Stay | 03/09/2019 Override (Optional) | O Yes | mm/dd/yyyy Return to Work Date(if o mm/dd/yyyy | sifferent from group) |
| Hours Worked Gross Earning for t 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Vacation pay (Optional) 100.00 Bonus Type (Optional) Stay any disability payments? | GLOS/2019 Override (Opciona) | O Yes | mmidalyyyy Return to Work Date(if o mmidalyyyy ® No | sifferent from group) |
| Reurs Worked Gross Earning for 1 0 0 0 000 0.0 | Vacation pay (Optional) 100.00 Server Type (Optional) Stay • • • any disability payments? ement or pension (Excluding Social Securit cer, Stake Holder/Share Holder of this bud | GLOS/2019 Override (Opciona) | O Yes O Yes O Yes | mmiddlyyyy Return to Work Datelif o mmi'ddlyyyy No No | tifferent from group) |
| 0 0.00 Hollay pay (dptional) 0.00 Boours Pay (dptional) 500.00 Has the claimant applied for or received is the claimant receiving any kind of retor | Vacation pay (Optional) 100.00 Server Type (Optional) Stay any disability payments? ement or pension (Excluding Social Securit cer, Stake Holder/Share Holder of this bud | GLOS/2019 Override (Opciona) | O Yes O Yes O Yes | mm/dd/yyyy Return to Work Date/If o mm//dd/yyyy No No No No | Ilferent from group) |

FILE CLAIM

Enter Employees Manually

| MPLOYEE INFORMATION | | ADDRESS | | | |
|--|--|---|---------------------------|-------------------------------------|-----------------|
| ocial Security Number | | Address Line 1 | | | |
| Irst Name MI | (Optional) Last Name | Address Line 2 (Optional) | | | |
| Date of Birth | Gender | City | | | |
| mm/dd/yyyy | V | city | | | 0 |
| tace | Ethnicity | State | | Zip Code | |
| • | • | | • | | |
| hone Number (Optional) | U.S. Citizen | County | | | |
| lien Registration Alle | en Registration Expiration Date | | | | |
| | 1m/dd/yyyy | | | | |
| August Content of Cont | the week of 10/17/2021 - 10/23/2021 | Start Date | | ay Worked (if different | from group) |
| Hours Worked Gross Earning for | | mm/dd/yyyy | mm/ | dd/yyyy | |
| | the week of 10/17/2021 - 10/23/2021 Vacation pay (Optional) | | mm/ Return | | |
| Hours Worked Gross Earning for | | mm/dd/yyyy | mm/ Return | dd/yyyy n to Work Date(If differ | ent from group) |
| fours Worked Gross Earning for | Vacation pay (Optional) Bonus Type (Optional) | mm/dd/yyyy 🛗 Override (Optional) | mm/ Return | dd/yyyy n to Work Date(If differ | ent from group) |
| Hours Worked Gross Earning for holiday pay (Optional) Jonus Pay (Optional) | Vacation pay (Optional) Bonus Type (Optional) | mm/dd/yyyy 🗰 Override (Optionel) | mm/ Return mm/ | dd/yyyy n to Work Date(If differ | ent from group) |
| Hours Worked Gross Earning for Inolidey pay (Optional) Ionus Pay (Optional) Ionus Pay (Optional) Ias the claimant applied for or received s the claimant receiving any kind of reti | Vacation pay (Optional) Bonus Type (Optional) env disability payments? | mm/ros/yyyy 🔛 Override (Optional) O Yes O Yes | Return Mm/ No No | dd/yyyy n to Work Date(If differ | ent from group) |
| Hours Worked Gross Earning for Inolidey pay (Optional) Ionus Pay (Optional) Ionus Pay (Optional) Ias the claimant applied for or received s the claimant receiving any kind of reti | Vaceton pay (Optional) Bonis Type (Optional) any disability payments? Internet or pesition factuating Social Security(? Res: Stake Holder/Share Holder of this business? | mmiodiyyyy Overrate (Optional) O ves Ves Ves Ves Ves Ves Ves | Return Mm/ No No | dd/yyyy n to Work Date(If differ | ent from group) |

Updating Holiday Pay or Vacation Pay:

Follow steps 1 through 4 to locate the employee.

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

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

| EMPLOYEE INFORMATION | | | | ADDRESS | | | | |
|--|--|--|--|-----------------------------------|-------|-------------------|--|-----------------|
| Social Security Number | | | | Address Line 1 | | | | |
| 111-11-1111 | | | | 4021 PERCIVAL RD | | | | |
| First Name | MI (O) | ptional) | Last Name | Address Line 2 (Optic | nal) | | | |
| BOBBY | | | DIGGS | APT 1632 | | | | |
| Date of Birth | | Gende | | City | | | | |
| 07/03/1974 | | Male | • | COLUMBIA | | | | |
| Race | | Ethnici | a. | State | | | Zip Code | |
| American Indian/Alaska Native | • | Not | Hispanic or Latino | South Carolina | | • | 29229 | |
| Phone Number (Optional) | | | U.S. Citizen | County | | | | |
| 8037372400 | | | YES 🔻 | RICHLAND | | | | |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earni | mm | /dd/yyyy | f 10/17/2021 - 10/23/2021 | Start Date | | | Day Worked (if differen | |
| ELIGIBILITY QUESTIONS | mm | /dd/yyyy | | Start Date 03/09/2019 | | mm | vdd/ygyy | (|
| ELIGIBILITY QUESTIONS Hours Worked Gross Earni 0 0.00 Holiday pay (Optional) | mm | /dd/yyyy | | | | mm | | erent from grou |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earni 0 0.00 | mm | /dd/yyyy | f 10/17/2021 - 10/23/2021 | 03/09/2019 | | Retur | vdd/ygyy | (|
| 0 0.00 Holiday pay <i>(Optional)</i> | mm | e week o | f 10/17/2021 - 10/23/2021 | 03/09/2019 | | Retur | v/dd/yyyy rn to Work Datelif diffe | erent from grou |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earni 0 0.00 Holiday pay (Optional) 500.00 | mm | e week o | f 10/17/2021 - 10/23/2021 In pay (Optional) | 03/09/2019 | | Retur | v/dd/yyyy rn to Work Datelif diffe | erent from grou |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earn 0 0.00 Holiday pay (Optional) 500.00 Bonus Pay (Optional) | mm. | Vacatic Bonus | (1) f 10/17/2021 - 10/23/2021 in pay (Optional) Type (Optional) | 03/09/2019 | © Yes | Retur | √dd/yyyy rn to Work Date(if diffe √dd/yyyy | erent from grou |
| ELIGIBILITY QUESTIONS Hours Worked Gross Earn 0 0.00 Holiday pay (Optional) 500.00 500.00 Boorus Pay (Optional) Has the claimant applied for or re | mm ing for the | /dd/yyyy e week o Vacatic Bonus | (1) f 10/17/2021 - 10/23/2021 in pay (Optional) Type (Optional) | 03/09/2019 | | Retur mm | vdd/yyyy nr to Work Dateiif diffe vdd/yyyy | erent from grou |
| ELIGIBLITY QUESTIONS Mours Worked Gross Earn' 0 (1000) 0.00 500.00 Bonus Pay (Optonal) Has the claimant applied for or re 1s the claimant receiving any kind | mm ng for the eceived an of retiren | Vacatic Bonus hy disabl | f 10/17/2021 - 10/23/2021 r pay (dptonwl) Type (dptonwl) Type (dptonwl) Type payments? | 03/09/2019 Override (Optional) | O Yes | mm Retui mm | vida/yyyy rn to Work Dateiif diffe vida/yyyy | erent from grou |

FILE CLAIM

| Soad Scruty Number Address Link 1 111-11-1111 Address Link 2 (Approval) Thin Nume MI (Approval) Last Name BOOS Caso Rescue Link 2 (Approval) Disc of Birm Coco Crigot Address Link 2 (Approval) Series Disc of Birm Coco Crigot Address Link 2 (Approval) Series Disc of Birm Coco Reneration Registration State Series Disc of Birm Coco Reneration Registration Lis Citizan Rest Link 2 (Approval) Lis Citizan Rest Rest Restore Dispiration Date Immodolynyy State Series Reming for the week of 1017/2021-10/23/2021 State Link 2 Day Worke (I different from Nois Naves Gress Reming for the week of 1017/2021-10/23/2021 State Link 2 Day Worke (I different from Soan Series Reming for the week of 1017/2021-10/23/2021 State Link 2 Day Worke (I different from Soan Series Reming for the week of 1017/2021-10/23/2021 Reamin to Work 2 Date I | a. • |
|---|-------------|
| Advestura 2 (Optional) Last Name Advestura 2 (Optional) Constant Part 1632 Constant Part | Q. |
| 8083* DdGS APT 1822 Dobd S APT 1822 Cly OrDAN 174 Name Cly OrDAN 174 Name COLUMBIA Sale Ethnicity Sale 20 Cole American Indun/Asina Name Not Impaint or Litino Count Anno 23223 Prove Number (Optionary) VES County 23223 Name Registration Allen Registration by indication bate County Name Registration Allen Registration bate County CLUBELLY OUCHTONS Class Class Monty bay by Optionary Vacation pay (Optionary) Deventionary (Optionary) Solon Cancer Vacation pay (Optionary) County Solon Cancer Vacation pay (Optionary) County | • |
| BOBST DIGGS APT 1832 Coxe of Birm Gener Cty Coxe of Birm Gener Coxe Reve Ethnicity State 2gl Code Ammonian Markana Name Ith Impaint or Linton ▼ State 2gl Code Reve Number (Optious) Not Impaint or Linton ▼ State 2gl Code Name Registration Allen Registration bare General Schwarz Coury Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost State Cost State Cost Sobo Cost Vacation pay (Optional) Owerrise (Optional) Revent to Vacato State Filterent from monology (pp) Sobo Cost Vacation pay (Optional) Cost option (Specing) Revent to Vacato Reliferent filterent from monology (pp) | • |
| gr/s011914 Mare COLUMBIA kare Ethnicity Stark 20 Cole American Inden/Asia Name Not Higger or Linno South Groine 23223 Mare Reparation U.S. Citizan Curry South Groine 23223 Mare Registration Name Registration Explication Explication Curry South Groine 23223 Alain Registration Mare Registration Explication Explication Curry South Groine Curry StateDistrict Curry Curry Curry Curry Curry StateDistrict Mare Registration Alain Registration Curry Curry StateDistrict Curry Curry Curry Curry StateDistrict Curry< | • |
| State Ethnoly State 20 COA American Induviduals Name V State 20 COA American Induviduals Name V State 20 COA State County State County State County County State Vita Vita RiceLinking County Vita Vita RiceLinking RiceLinking Vita RiceLinking County Start Date LuceLint outstrawed Coto Staming for the week of 10/17/2021 - 10/23/2021 Start Date List Day Worked (if efficient from emotions) 0 Coto Start Date List Day Worked (if efficient from emotions) 0 Coto Start Date List Day Worked (if efficient from emotions) 0 Coto Start Date List Day Worked (if efficient from emotions) 0 Coto Start Date | • |
| American Indian/Nation Notine Not Registration South Carolina 29223 South Carolina South Carolina 2923 South Carolina Curry Curry South Carolina RoreLAino South Carolina 2923 Visit Curry Curry Curry Curry South Carolina RoreLAino Curry Curry Curry Curry | • |
| Name Number (Optional) U.S. Citizen Courty 6017372400 YES Courty Name Registration Expiration Date ministry yes CLUBELITY OUTSTORS CLUBELITY | • |
| 8037572400 YES R CH4,4HD Here Registration base Allen Registration Date Main Registration Date Immodifying Statt Date Start Date Start Date Immodifying 0 0.00 | • |
| Allen Registration Allen Registration International Strategistration Allen Registration Allen Registration International Strategistration ELUBELITY OULSTIONS Elubelity OulSTIONS Start Date Last Day Worked (if different from 0 cols 2009/2019 0) International Gravity by (Optional) Start Date Last Day Worked (if different from 0 cols 2009/2019 0) mm/sdorphy/ mm/sdorphy/ Start Date International Gravity by (Optional) Overrise Optional Return to Work Date(if different from 0 cols 2009/2019 0) International Gravity by (Optional) Overrise Optional Return to Work Date(if different from 0 cols 2009/2019 0) | • |
| Introductions ELUBELITY OUTFIONS Start Date Last Day Worked (F offerent from 0 to 20 of 20 | |
| Sonus Pay (Ontional) Bonus Type (Ontional) | from group) |
| | |
| 500.00 ¥ | |
| Has the claimant applied for or received any disability payments? O Yes No | |
| s the claimant receiving any kind of retirement or pension (Excluding Social Security)? O Yes No | |
| is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business? O Yes 💿 No | |
| s the claimant the child, spouse, or parent of this employer? O Yes No | |

Updating Bonus Pay

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

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

.

| EMPLOYEE INFORMATION | | | ADDRESS | | | | |
|---|---|----------|-----------------------------------|---|--|---|----------|
| Social Security Number | | | Address Line 1 | | | | |
| 111-11-1111 | | | 4021 PERCIVAL RD | | | | |
| First Name MI (| Optional) Last Name | | Address Line 2 (Optional) | 9 | | | |
| BOBBY | DIGGS | | APT 1632 | | | | |
| Date of Birth | Gender | | City | | | | |
| 07/03/1974 | Male | • | COLUMBIA | | | | Q |
| lace | Ethnicity | | State | | Zip Code | | |
| American Indian/Alaska Native 🔻 | Not Hispanic or Latino | • | South Carolina | | ▼ 29229 | | |
| Phone Number (Optional) | U.S. Citizen | | County | | | | |
| 8037372400 | YES | • | RICHLAND | | | | • |
| lien Registration Aller | Registration Expiration Date | | | | | | |
| | | | Canada Dantas | | Last David Martine | e of elfernes for | |
| Hours Worked Gross Earning for t | he week of 10/17/2021 - 10/23/2021 | | Start Date 03/09/2019 | | Last Day Worker | d ()f different from | n group) |
| Hours Worked Gross Earning for t | he week of 10/17/2021 - 10/23/2021 Vacation pay (Optional) | | | | mm/dd/yyyy | d (if different from Date(if different f | |
| Hours Worked Gross Earning for t | | | 03/09/2019 | | mm/dd/yyyy | | |
| Hours Worked Gross Earning for t 0 0.00 Holiday pay <i>(Optional)</i> | | | 03/09/2019 | | mm/dd/yyyy Return to Work | | |
| Hours Worked Gross Earning for t 0 0.00 Holiday pay (Optional) 500.00 | Vacation pay (Optional) | • | 03/09/2019 | | mm/dd/yyyy Return to Work | | |
| Hours Worked Gross Earning for t 0 0.00 foliday pay (Optional) 500.00 Sonus Pay (Optional) | Vacation pay (Optional) | T | 03/09/2019 | | mm/dd/yyyy Return to Work | | |
| Hours Worked Gross Earning for t 0 0.00 foliday pay (Optional) 500.00 Sonus Pay (Optional) | Vacation pay (Optional) Bonus Type (Optional) an | • | 03/09/2019 Override (Optional) | | mm/dd/yyyy Return to Work | | |
| Hours Worked Gross Earning for t 0 0.00 Holiday pay (Optional) 500.00 Sonus Pay (Optional) 500.00 | Vacation pay (Optional) Bonus Type (Optional) Bonus Type (Optional) Bonus Type (Optional) Bonus Type (Optional) Complexed to the test of test | • | 03/09/2019 Override (Optional) | O Yes | mm/dd/yyyy Return to Work mm/dd/yyyy | | |
| tours Worked Gross Earning for t 0 0 000 000 000 000 000 000 000 000 0 | Vacation pay (Optional) Bonus Type (Optional) Stay Receiption Completion Completion Performance Other | | 03/09/2019 Override (Optional) | O Yes | mm/dd/yyyy Return to Work mm/dd/yyyy | | |
| Hours Worked Cross Earning for t 0 0,00 10(lday pay (Optional) 500.00 500.00 500.00 142 the claimant applied for or received | Vacation pay (Optional) Enrus Type (Optional) Enrus Type (Optional) Enrus Type (Optional) Enrus Completion Performance Completion Performance Completion Enrus | n | 03/05/2019 Overnide (Optional) | ○ Yes ○ Yes ○ Yes | mm/dd/yggy Return to Work mm/dd/yggy | | |

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

FILE CLAIM

Enter Employees Manually

| ocial Security Number | | | |
|--|-----------------------------|--------|--|
| | Address Line 1 | | |
| Irst Name MI (Optional) Last Name | Address Line 2 (Opt) | ional) | |
| Date of Birth Gender | City | | |
| mm/dd/yyyy | • | | |
| ace Ethnicity | State | | Zip Code |
| (hone Number (Optional) U.S. Citizen | County | | |
| Allen Registration Date | | | |
| LIGBILITY QUESTIONS Hours Worked Gross Earning for the week of 10/17/2021 - 10/23/20 | 21 Start Date mm/dd/yyyy | | Last Day Worked (if different from group) mm/dd/yyyy |
| loliday pay (Optional) Vacation pay (Optional) | Override (Optional) | | Return to Work Date(if different from group |
| Ionus Pay (Optional) Bonus Type (Optional) | | | mm/dd/yyyy |
| | ¥ | O Yes | 0.5 |
| ias the claimant applied for or received any disability payments? | | | |
| s the claimant receiving any kind of retirement or pension (Excluding Soci | il Security)? | O Yes | Ú No |
| | this business? | O Yes | O No |
| s this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of | | | |

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