



# Claimant

## Pandemic Emergency Unemployment Compensation (PEUC) Guide

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## 2. Pandemic Emergency Unemployment Compensation (PEUC)

The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 creates a new temporary federal program called Pandemic Emergency Unemployment Compensation (PEUC). PEUC provides up to 13 additional weeks of benefits to an individual who has exhausted all rights to any regular unemployment compensation and who meets other eligibility requirements of the CARES Act. You may be eligible for these federal benefits. If you wish to file a claim for PEUC, you may do so by following the instructions below:

1. Login to **CONNECT**
2. On the left side click the link 'Apply for PEUC Benefits' hyperlink.

**CONNECT**  
FLORIDA DEPARTMENT of  
ECONOMIC OPPORTUNITY

Change Password | Logoff

Claimant Home  
Inbox  
**Apply for PEUC Benefits**  
View and Maintain Account Information  
Determination, Pending Issue and Decision Summary

**Claimant Information**  
Name:  
Effective Date:

**IMPORTANT ITEMS THAT NEED YOUR IMMEDIATE A**

**3. Complete the responses in the PEUC – Initial Questions section at the top of the screen.**

**Pandemic Emergency Unemployment Compensation (PEUC) - Initial Questions**

1. Are you filing as a result of COVID-19?	<input type="radio"/> Yes <input type="radio"/> No*
2. Are you currently unemployed?	<input type="radio"/> Yes <input type="radio"/> No*
3. Have you filed for Florida unemployment insurance within the last 18 months?	<input type="radio"/> Yes <input type="radio"/> No*
4. Have you worked in Florida within the last 18 months?	<input type="radio"/> Yes <input type="radio"/> No*
5. Have you worked in any other state within the last 18 months?	<input type="radio"/> Yes <input type="radio"/> No*
6. Have you worked in Federal civilian employment within the last 18 months?	<input type="radio"/> Yes <input type="radio"/> No*
7. Have you served in the Armed Forces within the last 18 months?	<input type="radio"/> Yes <input type="radio"/> No*
8. What is the date you last worked ?	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
9. Have you received or will you receive any severance pay after separation from your last employment?	<input type="radio"/> Yes <input type="radio"/> No*
10. Have you received or will you receive any vacation pay after separation from your last employment?	<input type="radio"/> Yes <input type="radio"/> No*
11. Do you have a return to work date?	<input type="radio"/> Yes <input type="radio"/> No*
12. Are you receiving or have you applied for pension or retirement pay?	<input type="radio"/> Yes <input type="radio"/> No*
13. Are you receiving or have you applied for disability pay?	<input type="radio"/> Yes <input type="radio"/> No*
14. Have you worked and had any earnings since your last employment?	<input type="radio"/> Yes <input type="radio"/> No*
15. If yes to question 14, enter the amount of wages received since becoming unemployed.	<input type="text"/>
16. Why were you separated from your most recent employer ?	<input type="text"/>
17. Are you receiving unemployment compensation from Canada?	<input type="radio"/> Yes <input type="radio"/> No*
18. Did you or will you work full-time this week?	<input type="radio"/> Yes <input type="radio"/> No*
19. Did you or will you work and earn at least \$275 this week?	<input type="radio"/> Yes <input type="radio"/> No*

**4. Click the checkboxes for Payment Information, Tax Withholding Information and the Certifications at the bottom of the screen and click Submit.**

**PAYMENT INFORMATION**

I hereby authorize the Department of Economic Opportunity to follow the same payment option I chose in my most recent Reemployment Assistance application.

**TAX WITHHOLDING INFORMATION**

Reemployment Assistance benefits are fully taxable if you are required to file a tax return.

Public Law 103-465 requires the Department of Economic Opportunity to deduct and withhold federal income tax from Reemployment Assistance if an individual receiving those benefits voluntarily requests such deduction and withholding. You may request a withholding deduction equal to 10% of your weekly assistance for federal income taxes.

A statement, Form 1099-G, will be furnished to you at the end of January stating the amount of benefits paid and withheld during the prior year. The same information will be transmitted to the Internal Revenue Service (IRS).

The income taxes deducted are held in trust for the U.S. Government. All refunds must be obtained from the IRS on any overpayment of income taxes.

The department is not responsible for refunding withheld taxes.

It may be necessary for you to make estimated tax payments. For more information on when these payments should be made, refer to the IRS publication titled "Tax Withholding and Estimated Tax" or contact the IRS. PLEASE DIRECT ALL QUESTIONS CONCERNING YOUR INCOME TAX LIABILITY TO THE IRS.

I hereby authorize the Department of Economic Opportunity to follow the same tax withholding option I chose in my most recent Reemployment Assistance application.

**CERTIFICATIONS**

1. I understand the Florida law requires me to register with Workforce Services via Employ Florida Marketplace to continue my eligibility for benefit payments.  
\*  I agree

2. I understand that I will be notified if I am required to attend a One-Stop Career Center Seminar. Failure to attend by the given date may result in a delay or loss of my unemployment benefits. If a One-Stop Career Center gives me a job referral, I understand that failure to pursue this referral may result in a loss of unemployment benefits.  
\*  I agree

3. I understand the following:

- I am required to request benefit payments for each week I wish to receive benefits.
- If there is a pending issue or appeal on my claim, I must continue requesting benefit payments in order to be paid for those weeks if I am later determined to be eligible.

\*  I agree

4. I understand that if I do any work, including military reserve drill pay or self-employment, I must report the total wages earned (before taxes), whether or not I have been paid when I request benefit payment for that week.  
\*  I agree

5. I understand I will be required to submit a minimum of five work search contacts or the details of a One-Stop Career Center visit when I request benefit payments. Each week I will be required to submit the:

- Date of contact
- Method of contact
- Business name, telephone number, website name/URL or email address
- Result of each contact
- Type of work sought

\*  I agree

I have answered all questions fully and truthfully. I know there are penalties for giving wrong information. If I am not eligible to receive benefits, I must meet the eligibility requirements.  
\*  I agree

By submitting this application, I acknowledge that I am filing this application for Reemployment Assistance and that all information provided is complete and accurate to the best of my ability. I further understand that knowingly making a false statement or representation or knowingly failing to disclose a material fact can be prosecuted as a felony pursuant to section 443.071, Fla. Stat.

**5. The application has been submitted.**

**Remember: you will need to check back in CONNECT regularly to respond to any requests for additional information. You will need to login to CONNECT every two weeks to request your benefits.**

**If your most recent claim is expired you may need to complete a state Reemployment Assistance Application prior to receiving the PEUC link.**