

WorkForce West Virginia Benefit Rights Information

Once you have entered all your information you must read and agree to your benefit rights listed below.

1. I understand that WorkForce West Virginia may contact me by email, phone, text, or mail. It is my responsibility to keep my contact information current with WorkForce West Virginia. If my contact information is outdated, I may not receive important notifications about my unemployment claim, which could affect my benefits.
2. I understand the claim I am filing will be effective starting the Sunday of this week. 3. I understand that if I want my claim to be effective at an earlier date, I must submit a backdating request to my local office. A review will be conducted, and a written decision will be issued. 4. I understand I must be either totally or partially unemployed each week I file for benefits. 5. I understand I must qualify monetarily. If my wages or employers are missing from the Monetary Determination Deputy's Decision and Notice of Charges, I can request a redetermination of my base period wages.
6. I understand I must file weekly certifications by Friday at 5:00pm for the previous benefit week. Failure to do so correctly and/or timely may result in a delay and/or denial of my benefits. Any certifications submitted after 5:00pm on Friday are considered untimely, and I must report to my local office to submit a late certification, which may be denied.
7. I understand I must be registered with job service in my state of residence within the first six (6) weeks of filing my claim, unless I am a member in good standing with a union hiring hall.
8. I understand I must actively seek full-time work by completing at least four (4) work search activities each week to maintain my eligibility for benefits. I must document and retain proof of my four (4) work search activities each week and submit this documentation to WorkForce West Virginia upon request. The following individuals are exempt from work search activities:
 - Those summoned for jury duty
 - Those in approved vocational training
 - Members in good standing of a union hiring hall
 - Individuals receiving Low Earnings Reports
 - Individuals receiving Short-Time Compensation
9. I understand I must be able and available for full-time work, have reliable transportation, and be willing to accept any suitable job offer.
10. I understand I must report any job offers I refuse to my local office. Refusing suitable work without good cause may result in a disqualification from benefits.
11. I understand if I return to work while receiving unemployment benefits, I must notify my local office. My eligibility for benefits may change based on my employment status, and I must report all gross earnings and job separations.
12. I understand that while receiving unemployment benefits, I must report my gross earnings each week, not net earnings. Gross earnings are the total amount earned before any deductions such as taxes or other withholdings. I must report my gross earnings for the previous Sunday through Saturday period when certifying for benefits, even if payment has not yet been received. This includes gross earnings from full-time and part-time jobs, temporary work, self-employment, odd jobs, commission and/or tips.
13. I understand I must report all separations from employment while filing for benefits. 14. I understand that the facts surrounding a voluntary quit, discharge, or any eligibility issue on my claim will be reviewed, and a written decision issued.

15. I understand I have the right to appeal any decision issued on my claim within the timeframe listed on the Deputy's Decision. While my appeal is pending, I must continue to search for full-time work, complete my weekly certifications, and report any earnings. If the appeal is decided in my favor, I will only be paid for the weeks in which I met these requirements.
16. I understand that if I am paid unemployment benefits I am not entitled to, I am responsible for repaying the overpaid amount. I must set up a Repayment Agreement and make timely monthly payments to avoid consequences, such as liens on my assets or withholding of my federal tax refund. If I have an outstanding overpayment, my future benefits may be withheld until it is repaid.
17. I understand that intentionally making false statements to obtain, attempt to obtain, or increase unemployment benefits constitutes fraud and may result in a fifty-two week disqualification, repayment of benefits, and criminal prosecution.
18. I understand I must request WorkForce West Virginia to withhold 3% state income tax and 10% federal income tax from my gross weekly benefit amount. If I do not request withholding, no taxes will be deducted.
19. I understand I must establish a four (4)-digit personal identification number (PIN) and keep it confidential. I am responsible for all activities associated with this PIN. If the security of my PIN is compromised, I must immediately contact WorkForce West Virginia to select a new PIN.
20. I understand that if I choose to have my benefit payments made via debit card, I will not be able to change my payment method for the remainder of my benefit year. I also acknowledge that I have viewed the required disclosures prior to enrolling in debit card payments.
21. I understand that if I choose to have my benefit payments made via direct deposit, I cannot switch to debit card until I have received the required disclosures. Once I switch from direct deposit to debit card, I will not be able to change my payment method for the remainder of my benefit year.
22. I understand the Claimant Handbook is available to me at workforcewv.org, and that it is my responsibility to read and understand all the information provided. I understand that if I have additional questions, I must reach out to my local office to obtain further information. I understand that failure to read the Claimant Handbook may result in missing important requirements or responsibilities, which could lead to issues affecting my eligibility for benefits.

By signing below, I acknowledge that I have read and understand the Benefit Rights Information listed on all pages of this document.

Claimant Printed Name Claimant Signature Date

Interviewer Printed Name Interviewer Signature Date