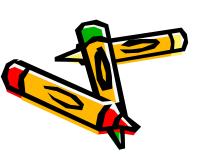


Welcome to MTSUIP!

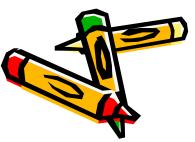
 If you have any questions during my presentation, please ask.





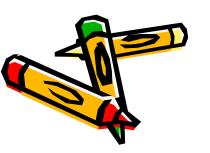
So, you're buried in claims





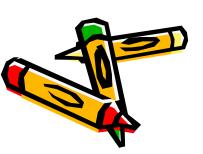
Don't worry, we are here to help!





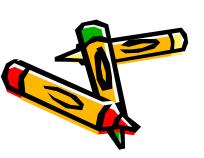
Highlights

- Coverage Options MTSUIP vs. State
- Benefits of Membership
- Payroll Reporting Quarterlies
- Claims Process
- Base Period



UI Coverage Options

- MTSUIP
 - Two Contact People
 - School Specific Program
- State of Montana
 - Large mixed group businesses covered



Benefits of Membership Using MTSUIP Services

- Free workshops for members on:
 - Human Resource Issues
- Montana Education Law Reporter (MELR)
- Assistance with claim form completion
- Hearing representation



Benefits of Membership Using MTSUIP Services, cont.

- Verify charges & protest if necessary
- Provide claim activity reports
- Pre-loss legal services
- Advise of legislative changes
- Respond to questions



Montana Education Law Reporter

24/7 Online Member Resource

5000

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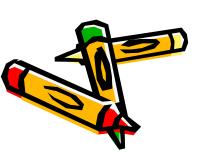
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The MELR is published by MTSBA but is a sponsored product available only to MTSUIP members. You must access the MELR by going to www.mtsba.org for all articles, forms and model job descriptions.

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Payroll Reporting

- MTSUIP Quarterlies
 - Due the 15th day of a new quarter (ex. 7/15, 10/15, 1/15, 4/15)
 - No Excess Wages
- State of Montana
 - Due on last day of the month following the quarter end (ex. 7/30, 10/30, 1/30, 4/30)
 - Excess wages rules : Governmental, Reimbursable, or Experience Rated



Annual Rate Notice



Theresia LeSueur, MBA, SHRM-CP, PHR
Director
863 Great Northern Blvd., Ste. 301, Helena, MT 59601
406.457.4407 (Voice) 406.442.2194 (Fax)

DATE: June 23, 2020

TO: School District

FROM: Montana Schools Unemployment Insurance Program

RE: FY21 RATE NOTIFICATION

The Board of Directors for Montana Schools Unemployment Insurance Program (MTSUIP) met on June 22, 2019 to analyze and set the renewal rates for the 2021 fiscal year. As all of you know, the COVID-19 Pandemic has changed the course of many things in our lives and in our working environments and conditions. The MTSUIP Program was significantly impacted by this Pandemic seeing an increase in claims similar to levels that we saw with the Great Recession. In order to ensure that MTSUIP remains a viable and proactive program on employment-related issues, it is necessary to increase our rates for FY21. We are sincerely hoping that this is an anomaly and that we return to some sense of normalcy once the impacts of this Pandemic run its course. Notwithstanding our current environment, you have our commitment to provide you with top-notch customer service, value-added services that assist you in managing your employment-related risks, and rates that ensure the continued viability of the program so you can keep your focus on the interests of students.

Your district's participation in MTSUIP since July 1, 2016 or before, qualifies for this rating structure authorized by the Board of Directors. The rate listed is developed based on your district's claims experience. Your district has a loss ratio of 0.0% based on 30 months experience and in December 31, 2019.

TAX RATE 0.25%

New Rates Effective July 1 each year

If you have any questions, please call Montana Schools Unemployment Insurance Program at (406) 457-4407.

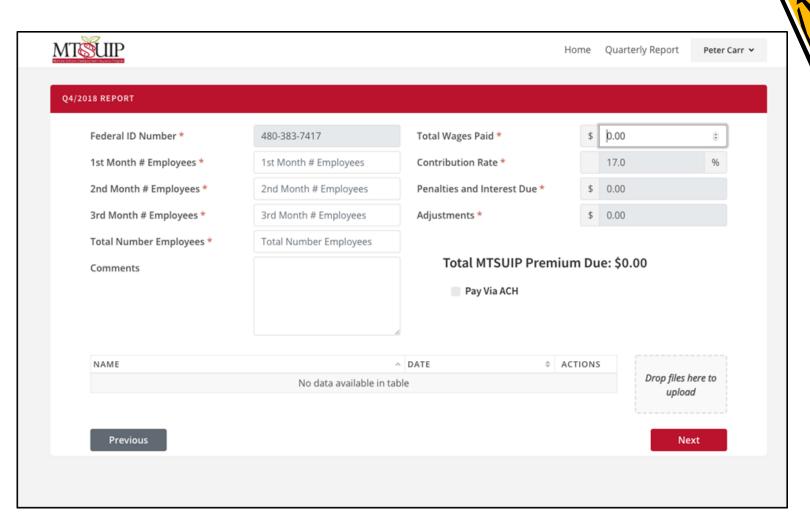
Theresia LeSueur, MBA, SHRM-CP, PHR Program Director

Lisa Gowen CSR/UI Tech

MTSBA, Lance Melton, Executive Director 863 Great Northern Blvd., Ste. 301, Helena, MT 59601 406.442.2180 (Voice) 406.442.2194 (Fax)



© MTSUIP 2021





Montana Employer' Quarterly Wage Rep	s Unemployment Insurance (UI) _{생태(다)} port – Form UI-5 공 준설	Quarter End	
		Employer Identifica	ton Numbers
	CE A.T.	Ul Account Number	
		Federal Id (FEIN)	
A report must be filed eve aformation on completing	n if no wages are paid. Please refer to instructions for this torm.	Ul Confribution Rate Ul Administrative Fun Ul Total Tax Rate Ul Annual Taxable W (Each Employer	% age Base
ne provice Ce information Ch educated: Av step 2. Unemployme Employee's Social Sec		Number (list corrections here eck here if wage listing is attac Total Wages Paid this Querier	
TYLING!			- / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
-		Maria Carlo	
		i	
Total			7
Step 3, Calculate Tax		State Unemployment Insurance Tax	Step 4. Number o UI Employees
1. Total wages paid this	quarter >	mounties tax	
2. Ui excess wages			Number of covered workers who worked
UI taxable wages (line	a 1 minus line 2)		during, or received po
4. Ul total fax rate			 for the payroll period



Mail this form with your check to the Unamployment Insurance Contributions Bureau

Step 5. Signature. Sign and make a copy of this form for your records. Mall your report, additional wage listings and payment by the

I certify the information on this report

is true and correct.

5. Total tax (multiply line 3 times line 4)
6. Credits (overpayment from prior quarters)
7. Adjustments to prior quarters (attach explanation)
8. Detarted the (line 5 – line 6 +/- line 7 – see instructions)

Penalty and interest due, if you file late
 Payment enclosed (line 6 +7)

Unemployment Insurance

Contributions Bureau

PO Box 6339 Helena MT 59604-6339

Mail to:

Make Chock Payable to Unemployment Insurance Division

due date above, even if no wages are paid or tax is due. Questions? Call (406) 444-3834.

Authorized Signature

UI-5 Revised 6/05

day of the month:

3" month

17

Telephone Number

© MTSUIP 2021

Date:

Name/Title of Contact Person No

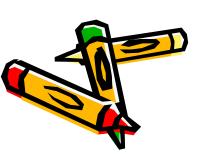


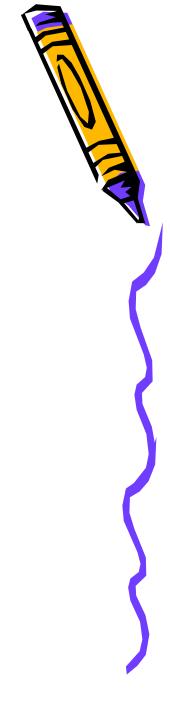
Miscellaneous Claim Facts

One Year Duration

Still Working

• 3 A's





Unemployment Claims

Most often districts receive UI claims from:

- Substitutes
 - Coaches
- Bus Drivers

However,

ANY school district employee can apply



Claims Process

- How an employee files a claim
 - Triggering event
 - Call DOLI
 - DOLI reviews
 - 8 day response
 - Appeal



Claims Process

- Initial Claim
- Determination
- Redetermination
- Appeal
- Unemployment Insurance Appeals Board
- District Court

Review/Request Information When a Claim is Filed

The State of Montana will send out paperwork with information provided by the claimant and ask that you as the employer verify the information.

Typically, there are up to five documents you could receive on each claim.

You have eight days to complete the request.

Here's how it works: The State will mail the request to the MTSUIP office, we will email it to you, you will return it to us, and we will return it to the State. <u>Please do not correspond directly with the State and they should not be corresponding directly with you.</u>



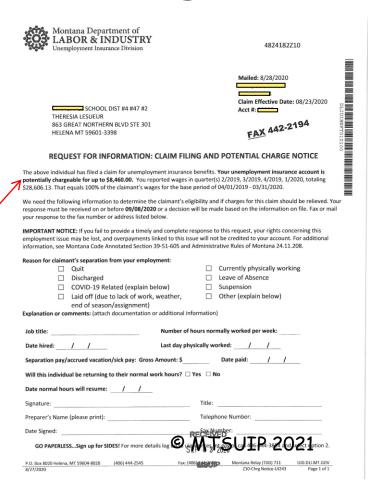
The Paperwork

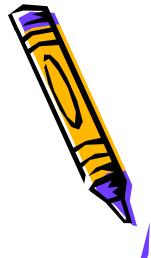
When a claim is filed, you will *typically* receive a **Claim Filing Notice** first

This form is computer generated and is always blank

This if you where you see the potential charges to your school district for the individual





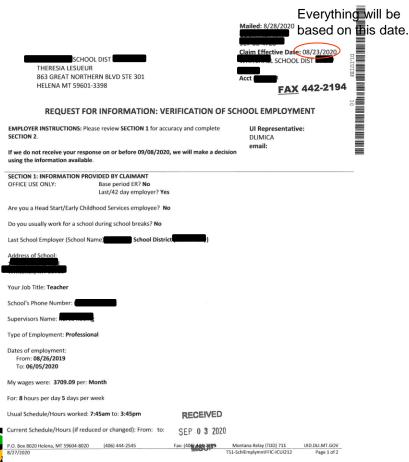


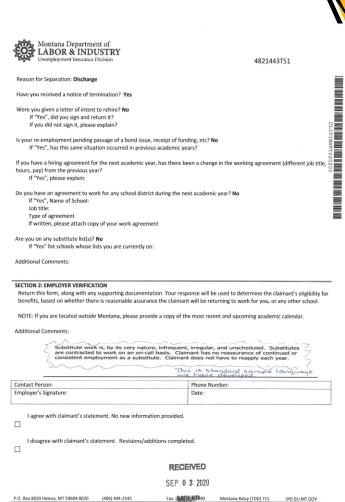


4821443T51



NOTE: once you become a member of MTSUIP, all contact information will change to our address





T51-SchlEmplymntFFIC-ICUI212

3rd - Separation Information



4823014P82

SCHOOL DIST THERESIA LESUEUR 863 GREAT NORTHERN BLVD STE 301 HELENA MT 59601-3398 Mailed: 8/28/2020

Claim Effective Date: 08/23/2020
Acct #

REQUEST FOR INFORMATION: SEPARATION

UI Representative:

Due Date: 09/08/2020

IMPORTANT NOTICE: Under Montana Code Annotated Section 39-51-605 and Administrative Rules of Montana 24.11.208 failure to provide a timely and adequate response to this notice will forfeit your rights as an interested party. Additionally, any future oversoments linked to the separation determination on this claim will not be credited to your account.

Employer Instructions: The above named individual has filed a claim for benefits. Please explain the circumstances regarding the individual's most recent separation from your employment. When responding to the following questions, it is important that you provide complete, detailed information and copies of any supporting documentation. Return this information by footgoing calling the number listed below by 09/08/2020. If we do not receive your response, a determination regarding the individual's eligibility for benefits will be made using the information available. If you have provided this information previously, indicate this on the form and return as indicated above.

Please follow the instructions and provide all documentation requested. If you have questions about what is being requested, please refer to the Employer Handbook. If you do not have a hard copy you can view it on line at uid.dli.mt.gov or contact our asency directly at the contact number below.

Dates of employment are critical to proper and timely program administration of UI benefits.

- 1. What were the individual's dates of employment? Include the first and last date the individual physically worked.
- 2. What was the individual's last rate of pay?
- 3. What was the individual's job title and description?
- 4. Was the claimant scheduled an average of 40 hours-per-week? ☐ Yes ☐ No If no, what was their average scheduled hours-per-week?

If no, what was their average scheduled hours-per-week?

RECEIVED

SEP 0 3 2020

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 8/27/2020 Fax: (40

Montana Relay (TDD) 711 P82-RequestERSepInfo-UIÉRSEF

Page 1 of 3



**Waiver of Rights

as an Interested

Party** →



4823014P82

Describe in detail the final incident that led to the separation, including the date(s) and the names/ittles of those ine Please explain exactity what happened, what was spesifically said are dame. (Please do not use generalized terms auch "nule", "insubordinate", etc.) Note: All submitted information will be used as evidence and may be shared with of interested parties.

Non-renewal (do not provide details)



4922014092

- If individual was discharged: Respond to the questions and provide copies of policies, warnings, etc., by the due date.
 Benefits may be allowed without sufficient proof of misconduct.
 - a. Was the individual discharged for violation of a company rule or policy? ☐ Yes ☐ No If "Yes", please explain the violation and <u>provide a copy of the rule or policy</u> along with any documentation indicating the individual read, understood or signed the policies.
- b. Did the individual receive prior warnings, written or verbal, related to the reason for their separation? \(\subseteq \text{ Yes} \) No if \(\frac{\text{Yes}}{\text{ provide information regarding the warnings, including dates, contents of warning(s), outcome, etc. If warnings were written please provide copies of the written warnings.
- C. Was the individual informed they would be discharged if the problem occurred again? No If yes, please explain:
- 7. If the individual quit:
- a. What was the reason given to you for quitting? (If you have a resignation letter or documentation on file about the quit please provide copies.)
- Prior to quitting, did the individual advise you, or anyone in higher authority, of the situation that caused them to quit?
 Yes
 No

If "Yes", provide information including dates, name and title of who was contacted and any actions taken by you to resolve the situation.

Preparer: Please sign and return to this office.

Date of Signature

Signature

Name (Please Print)

Tit

Fax Number

Thank you for providing complete, accurate and timely information.

For additional information about Unemockypegt lessyagege go to uid.dli.mt.gov

P.O. Box 8020 Helens, MT 59604-8020 (406) 444-2545 Fax: [404.51389 Montana Relay [T00] 711 UID.DLI.MT 8/27/7/020 903. Research for supplied to 100 PM 100 PM

© MTSUIP 2021

4th - 8wk Form



4825231E82

Mailed: 8/31/2020

Claim Effective Date: 05/03/2020

FAX 442-2194

THERESIA LESUEUR 863 GREAT NORTHERN BLVD STE 301 HELENA MT 59601-3398

CHOOL DISTRICT

REQUEST FOR INFORMATION: 8 WEEK WORK HISTORY

If this completed form is not received by 09/08/2020, your account may be charged. List the hours the claimant worked each week (Sunday - Saturday). Provide the reason for any reduction in hours, missed work, etc. and the number of hours for each reason in the columns below.

Calendar Week Beginning	Calendar Week Ending	Hours Actually Worked	Hours Scheduled/ Expected To Work	If Holi	day Hours	If Claimant Took Time Off (Sick, Vacation, Late.)	If Conditions Causing Less Hours (Weather, Occupancy, Work slowdown)
Ex. 01/05/2020	01/11/2020	10	20	8 hrs	☑ Paid☐ Unpaid	2 hrs/Sick	8 hrs/Weather
04/05/2020	04/11/2020		NAME OF TAXABLE PARTY.		☐ Paid		
					☐ Unpaid		
04/12/2020	04/18/2020				☐ Unpaid		
04/19/2020	04/25/2020				☐ Paid		
0 1, 20, 2020	0.72072020				☐ Unpaid		
04/26/2020	05/02/2020				☐ Paid		
		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Unpaid☐ Paid☐		
05/03/2020	05/09/2020				☐ Unpaid		
05/10/2020	05/16/2020				☐ Paid		
03/10/2020	03/10/2020				□ Unpaid		
05/17/2020	05/23/2020				☐ Paid		
					☐ Unpaid		
05/24/2020	05/30/2020				☐ Paid ☐ Unnaid		

Is this a Salary position? ☐ Yes ☐ No

If salary was reduced, indicate the amount of the reduction and the effective date.

Employer/Representative Signature:

Respectfully,



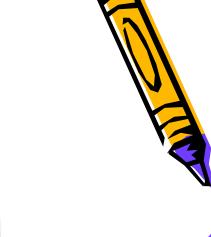
Information can result in benefits not being charged to the dietrict





Telephone #:

ID.DLI.MT.GOV



This is called the "Eight Week" form. The State of Montana is looking for any hours the employee worked in the four weeks before and the four weeks after filing for benefits.

- Determination





4797839N54



Mailed: 8/25/2020 Claim Effective Date: 08/02/2020 SCHOOL DISTRICT #

NOTICE OF DETERMINATION

Issue: School Employment with SCHOOL DISTRICT

During the school break, benefits based on school wages cannot be paid beginning 08/02/2020 through 08/22/2020. You may receive benefits (low monetary) if you have sufficient wages in your base period from employer(s) other than school employer(s). For further information, please refer to your Monetary Determination.

You were employed with a school prior to the academic year-end. You are reasonably expected to return to work for a school in a similar capacity in the next academic year. Because you have a reasonable assurance of returning to school employment following this break between academic years, your school wages cannot be included in calculating your weekly benefit amount under Montana Code Annotated Section 39-51-2108 and Administrative Rules of Montana 24.11.464.

If there are other issues on your claim that might affect your eligibility for benefits, you will receive a separate Notice of Determination for each issue.

Respectfully,

Adjudication Unit

Montana Unemployment Insurance Division

SCHOOL DISTRICT THERESIA LESUEUR 863 GREAT NORTHERN BLVD STE 301 HELENA, MT 59601-3398

REDETERMINATION RIGHTS

This decision is final unless a request for redetermination is received on or before 09/04/2020. If you disagree with this decision, to file your request: RECEIVED

AUG 2 7 2020

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545

(406) 444-2699

Montana Relay (TDD) 711 N54-SchProReasnblAssure-SCHPRO



4797839N54

Call Claims Processing at (406) 444-2545 Fax your request to (406) 444-2699 Mail your request to:

Montana Department of Labor and Industry Unemployment Insurance Division PO Box 8020

Helena, MT 59604

CLAIMANTS: Login at MontanaWorks.gov and select the option: Request for Redetermination or Appeal. This option is only available for timely requests.

You may choose whichever method you want as long as it is received by 09/04/2020. If you miss the deadline, you must provide good cause for your late request. Please include in your request the reason(s) why you think this decision is in error

CLAIMANTS: To claim ongoing benefits, you must file timely payment requests while your redetermination is pending. If the decision is changed and you are otherwise eligible for benefits, you may be paid for the weeks requested. If a decision allowing benefits is overturned at any level of appeal, you may be required to repay any benefits you received.

RECEIVED

AUG 2 7 2020

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545

Montana Relay (TDD) 711 N54-SchProReasnblAssure-SCHPRO

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DLIUIBNFT030300

RESPONDING TO CLAIMS IN THE MOST EFFECTIVE MANNER

Did the claimant give a specific reason for resigning (i.e. domestic obligation, moving, returning to school?)

Did the employee refuse any work? If so, list the dates and reasons given (if you use an automated system attach the report)

Was continuing work available if the claimant had not quit?

Were there any changes to his/her job duties, pay, hours, etc? If so, explain the changes and attach the contract or payroll records.

Non-renewal of a non-tenured teacher without cause.

If the position was temporary, did he/she request a leave of absence?

If so, explain.

Was a written resignation provided by the claimant? If so, attach.



Base Period

- First four of the last five completed calendar quarters.
- http://uid.dli.mt.gov/b enefits-estimator





Standard Base Period

	Base	Period		Lag Quarter	Claim Filed Here
Oct	Jan	Apr	Jul	Oct	Jan
Nov	Feb	May	Aug	Nov	Feb
Dec	Mar	Jun	Sep	Dec	Mar
Jan	Apr	July	Oct	Jan	Apr
Feb	May	Aug	Nov	Feb	May
Mar	Jun	Sep	Dec	Mar	Jun
Apr	Jul	Oct	Jan	Apr	Jul
May	Aug	Nov	Feb	May	Aug
Jun	Sep	Dec	Mar	Jun	Sep
Jul	Oct	Jan	Apr	Jul	Oct
Aug	Nov	Feb	May	Aug	Nov
Sep	Dec	Mar	Jun	Sep	Dec

The first four of the last five completed calendar quarters.

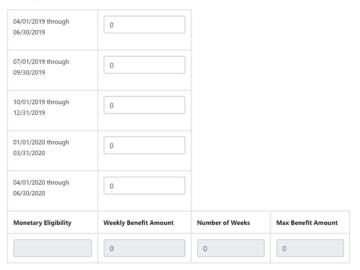
Benefit Estimator

Benefits Estimator

The Unemployment Benefits Estimator is intended to be a quick reference for determining your approximate potential benefit amounts if you were to file your claim this week. Keep in mind that these results are an approximation presented for illustration purposes only. This estimate is not a guarantee of benefits.

Base Period Quarterly Wages

Enter your approximate gross quarterly earnings in the boxes below. Do not use punctuation (decimals or commas).



Quarter Change Estimate

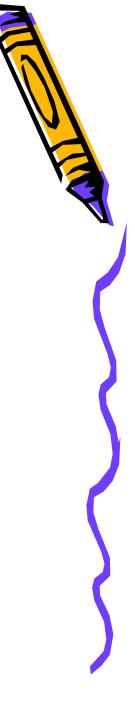
If you wait and file your claim between 10/04/2020 and 01/02/2021, this would be your estimated benefit amount. (Benefits will not be paid for any weeks prior to the effective date of your claim.)

Monetary Eligibility	Weekly Benefit Amount	Number of Weeks	Max Benefit Amount
	0	0	0

Since this estimate is based on the amounts that you are now providing, it may differ from your actual benefit amount. To be as accurate as possible, you may want to refer to pay stub(s) and/or Form W-2(s) you have received from your employer(s). If you refer to a Form W-2, you will need to convert your gross pay from a yearly total into quarterly amounts based on when you were paid.

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Source: http://uid.dli.mt.gov/benefits-estimator



Unemployment Liability

- UI liability exists on employee wages earned in the past 18 months – Base Wage Period (wages earned in the first four of the last five quarters)
- Maximum Weekly Benefit: \$618 up from \$572
 Minimum Weekly Benefit: \$183 up from \$169

These increases took effect 7/5/20

 Maximum Liability Per Employee = 28 weeks paid benefits (\$17,304)

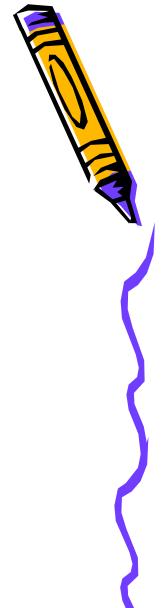


How Much can a Person Receive?

- Former employees can receive up to 28 weeks of benefits at a maximum of \$618/week
- 28 weeks x \$618/week = \$17,304
 - Approximate annual salaries:
 - \$50,000 = \$518/week
 - \$32,000 = \$320/week
 - \$22,000 = \$220/week





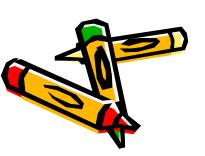


Charging Notices

CLAMS PAID 1920

099999 YOUR SCHOOL

NAME	SSN	BYB	POT CHG	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	BAL	BYE
John Boy Walton	111-11-1	4/14/2019	6,953.41	1,390.68			(347.67)						1,043.01			4,867.39	4/12/2020
Jim Bob Walton	222-22-2	6/7/2020	5,747.12													5,747.12	6/5/2021
Mary Ellen Walton	333-33-3	6/2/2019	498.54	86.72									65.04	86.72	21.68	238.38	5/31/2020
Ben Walton	444-44-4	9/29/2019	9,928.32				971.25	971.25							3,487.00	4,498.82	9/26/2020
Erin Walton	555-55-5	3/22/2020	1,024.78										117.51	77.62		829.65	3/20/2021
Jason Walton	666-66-6	4/12/2020	325.16													325.16	4/10/2021
Jason Walton	666-66-6	4/14/2019	60.76		60.66											0.10	4/11/2021
TOTALS			24,538.09	1,477.40	60.66	0.00	623.58	971.25	0.00	0.00	0.00	0.00	1,225.56	164.34	3,508.68	16,506.62	
Quarter Total						1,538.06			1,594.83			0.00			4,898.58		



UI Process- Contact Data

MTSUIP – Theresia LeSueur

863 Great Northern Blvd. Ste 301, Helena MT 59601

406-457-4407

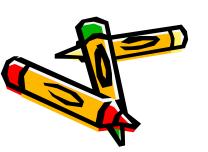
406-442-2194 (fax)

406-431-5953 cell

tlesueur@mtsba.org

If not a MTSUIP member

DOLI Helena Phone Center PO Box 8020, Helena MT 59604 406-444-2545 (9:00 am to 4:00 pm M-F) 406-444-2699 (fax)



Thanks for learning!

