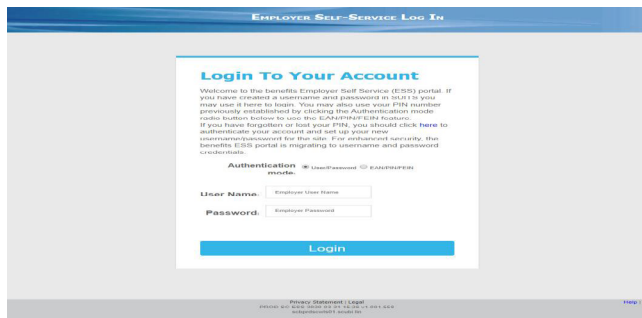


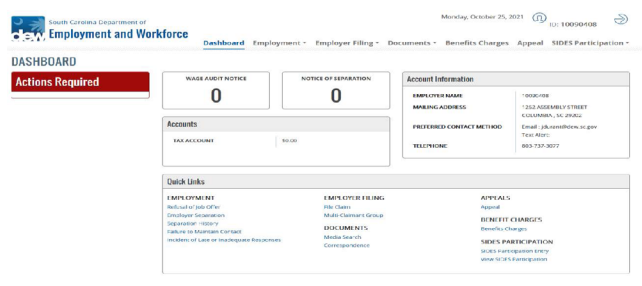
HOW TO SUBMIT AN EMPLOYER FILED CLAIM IN THE EMPLOYER SELF SERVICE (ESS) PORTAL



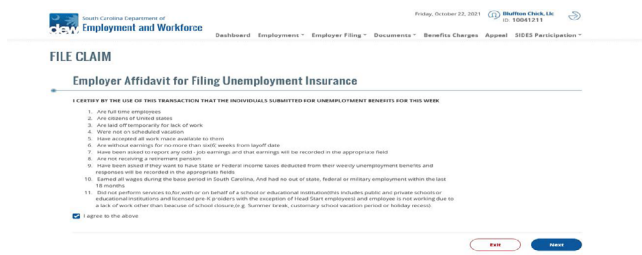
Welcome to the S.C. Department of Employment and Workforce's new benefits portal for employers. When you get to the login screen, you will enter your username and password. If you have forgotten your username or password, please refer the tutorial guide labeled Username/Password reset.

If you do not have a SUITS username and password, please contact us at: efc_assistance@dew.sc.gov.

In order to file a claim on behalf of your employees, you must have been granted access to file Employer Filed Claims. Please see our guide with information about requesting multi-claim access.

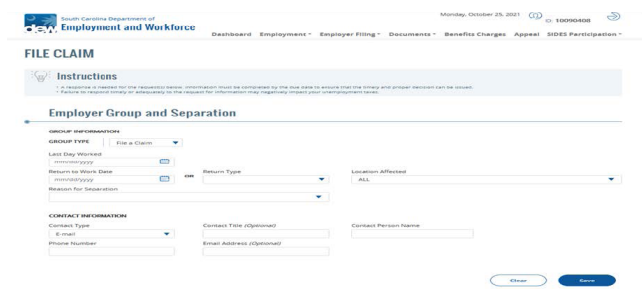


In the Quick Links section, you will see a Header "EMPLOYER FILING". Click the link labeled File Claim.



Please read all of the information on the next page.

- If you agree, mark the checkbox. Click Next.
- If you do not agree, click Exit to and you will be directed back to the ESS Home Page.



When you arrive at the Employer Group Separations page, you will see several fields. You will also notice a list at the bottom of the screen of previously reported multi-claimant groups associated with this account. For Group Type, there are a few options. Depending on which option is selected, the screen may look slightly different.

When you select File a Claim, the first step of this process is to create the group information and date in order to create an identifiable group in the system. All fields noted with an asterisk must be completed. For the Return to Work Date, if you do not know an actual calendar date, use the drop down menu to the right labeled Return Type and select one of those options.

FILE CLAIM

Instructions

A response is needed for the requests below. Information must be completed by the due date to ensure that the timely and proper decision can be issued.
 * Failure to respond timely or adequately to the request for information may negatively impact your unemployment claim.

Employer Group and Separation

GROUP INFORMATION

GROUP TYPE: File a Claim

Last Day Worked: 10/15/2021
 Return to Work Date: mm/dd/yyyy
 Reason for Separation: UN

Week Ending Date: 10/17/2021
 Return Type:
 Location Affected: ALL

CONTACT INFORMATION

Contact Type: E-mail
 Phone Number: 8039373400
 Contact Title (Optional):
 Email Address (Optional):
 Contact Person Name: TED LARCO

Clear Save

When you have completed all required fields, click Save.

FILE CLAIM

Instructions

A response is needed for the requests below. Information must be completed by the due date to ensure that the timely and proper decision can be issued.
 * Failure to respond timely or adequately to the request for information may negatively impact your unemployment claim.

Employer Group and Separation

GROUP INFORMATION

GROUP TYPE: File a Claim

Last Day Worked: mm/dd/yyyy
 Return to Work Date: mm/dd/yyyy
 Reason for Separation: UN

First Week of Unemployment: mm/dd/yyyy
 Return Type:
 Location Affected: ALL

CONTACT INFORMATION

Contact Type: E-mail
 Phone Number:
 Contact Title (Optional):
 Email Address (Optional):
 Contact Person Name:

Clear Save

Other Claims

GROUP ID	GROUP TYPE	SEPARATION BEGIN DATE	RETURN TO WORK DATE	LOCATION	LAST UPDATE
63915	File a Claim	10/15/2021	Unknown		

Back Copy Edit Next

While the screen may not appear to change much, you will notice a note in the top left corner that says "Saved successfully." You will also notice that the group is now displayed in the Other Claims Details section of the screen along with a Group ID.

FILE CLAIM

Instructions

A response is needed for the requests below. Information must be completed by the due date to ensure that the timely and proper decision can be issued.
 * Failure to respond timely or adequately to the request for information may negatively impact your unemployment claim.

Employer Group and Separation

GROUP INFORMATION

GROUP TYPE: File a Claim

Last Day Worked: mm/dd/yyyy
 Return to Work Date: mm/dd/yyyy
 Reason for Separation: UN

First Week of Unemployment: mm/dd/yyyy
 Return Type:
 Location Affected: ALL

CONTACT INFORMATION

Contact Type: E-mail
 Phone Number:
 Contact Title (Optional):
 Email Address (Optional):
 Contact Person Name:

Clear Save

Other Claims

GROUP ID	GROUP TYPE	SEPARATION BEGIN DATE	RETURN TO WORK DATE	LOCATION	LAST UPDATE
63915	File a Claim	10/15/2021	Unknown		
63916	File a Claim	10/15/2021	Unknown		

Back Copy Edit Next

To change any information associated with this group, click the radio button to the left of the Group ID and then click Edit at the bottom of the screen. Changes can only be made BEFORE the claim is submitted. Once you receive a confirmation number, you will not be able to make edits to the Group ID. Any updates required after submission must be completed by SCDEW staff and will cause delays or potential over payments.

FILE CLAIM

Instructions

A response is needed for the requests below. Information must be completed by the due date to ensure that the timely and proper decision can be issued.
 * Failure to respond timely or adequately to the request for information may negatively impact your unemployment claim.

Employer Group and Separation

GROUP INFORMATION

GROUP TYPE: File a Claim

Last Day Worked: mm/dd/yyyy
 Return to Work Date: mm/dd/yyyy
 Reason for Separation: UN

Return Type:
 Location Affected: ALL

CONTACT INFORMATION

Contact Type: E-mail
 Phone Number:
 Contact Title (Optional):
 Email Address (Optional):
 Contact Person Name:

Clear Save

Other Claims

GROUP ID	GROUP TYPE	SEPARATION BEGIN DATE	RETURN TO WORK DATE	LOCATION	LAST UPDATE
63915	File a Claim	10/15/2021	Unknown		
63916	File a Claim	10/15/2021	Unknown		

Back Copy Edit Next

You can also use the Copy feature to create a new group with a unique ID using the same separation information.

FILE CLAIM

Enter Employees Manually

EMPLOYEE INFORMATION

Social Security Number
222-22-2222

First Name
Samuel

MI (Optional)
J

Last Name
Jackson

Date of Birth
02/15/1975

Gender
Choose Not to Answer

Race
Choose Not to Answer

Ethnicity
Choose Not to Answer

Phone Number (Optional)

U.S. Citizen
YES

Alien Registration
Alien Registration Expiration Date
mm/dd/yyyy

ADDRESS

Address Line 1
1550 Gadsden St

Address Line 2 (Optional)

City
COLUMBIA

State
South Carolina

Zip Code
29228

County
RICHLAND

ELIGIBILITY QUESTIONS

Hours Worked
40

Gross Earning for the week of 10/17/2021 - 10/23/2021
400.00

Holiday pay (Optional)

Vacation pay (Optional)

Bonus Pay (Optional)

Bonus Type (Optional)

Start Date
10/08/2019

Last Day Worked (if different from group)
mm/dd/yyyy

Oversee (Optional)

Return to Work Date (if different from group)
mm/dd/yyyy

Has the claimant applied for or received any disability payments?
 Yes No

Is the claimant receiving any kind of retirement or pension (excluding Social Security)?
 Yes No

Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business?
 Yes No

Is the claimant the child, spouse, or parent of this employer?
 Yes No

Clear Save

Now, we are ready to add affected employees. Click the radio button for the Group ID you wish to use and then click next.

You will now be taken to the Employee List screen. There are two ways to add employees. You can either upload a file or enter the employees manually.

- File Upload-Skip to Step 13
- Manual process-Continue to Step 10.

Manual process is fairly self-explanatory; you will enter the information on the screen regarding the employee and click Save at the bottom of the screen. Optional Fields will be label "Optional".

Added Employees

When finished adding, editing, and deleting employees, select Finish. Select a letter to display names starting with the letter.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

ID#	LAST NAME	FIRST NAME	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	ZIP	RETURN TO WORK DATE	STATUS
222-22-2222	JACKSON	SAMUEL	1550 Gadsden St		COLUMBIA	SC	29228		Pending

Back Update Delete Finish

After saving the employees will appear in the Added Employees section at the bottom of the screen. Clicking Update will allow you to make changes to any of the Employees that have been added to the list. Clicking Delete will remove the employee from the group. If no changes are necessary and all employees have been entered then click Finish.

You have successfully filed a claim. Your confirmation number is: 20683377

For your convenience in need of additional information, your organization may provide the Division with one response letter for multiple employees. This response will serve as your official response to the Employer Notice of Claim Filing form 600 for each individual listed in a multi-claimers group. If you have multiple groups, you will need to submit a letter for each group.

In order to utilize this process your group responses must be on company letterhead.

Indicate the organization/company is responding to form 600, Employer Notice of claim filing.

Indicate the Group ID.

Indicate the last day worked. (must be the same date for all employees in the group).

Indicate the reason for separation. (must be the same reason for all employees in the group).

Indicate the types of separation pay the employees will receive. (spreadsheet must be included if amounts of the pay differ).

Indicate the address or first party administrator information for determinations to be mailed; to be signed by a company official.

Each employee must file a claim for unemployment insurance benefits.

Print Home

You will be directed to the confirmation page where you will receive a confirmation number as well as Filing Instructions. You will have the option to print the confirmation page. If you choose not to print the Home button can be clicked to return to the Home Page of the ESS Portal.

FILE CLAIM

Instructions

• All fields required unless otherwise stated. Either upload or enter manually.

Upload Employees

• Select a template to download a template spreadsheet, use the spreadsheet and enter the required information, then come back to upload. Select Upload to update your list of employees.

OR

Enter Employees Manually

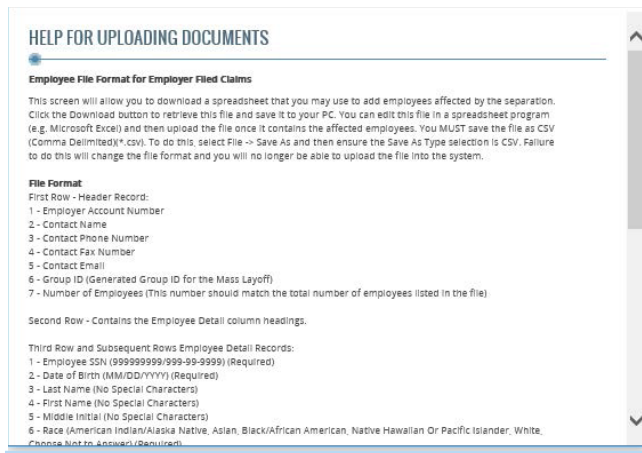
• If employees are manually added, review the list & click Finish to complete the filing process.

Upload Employees

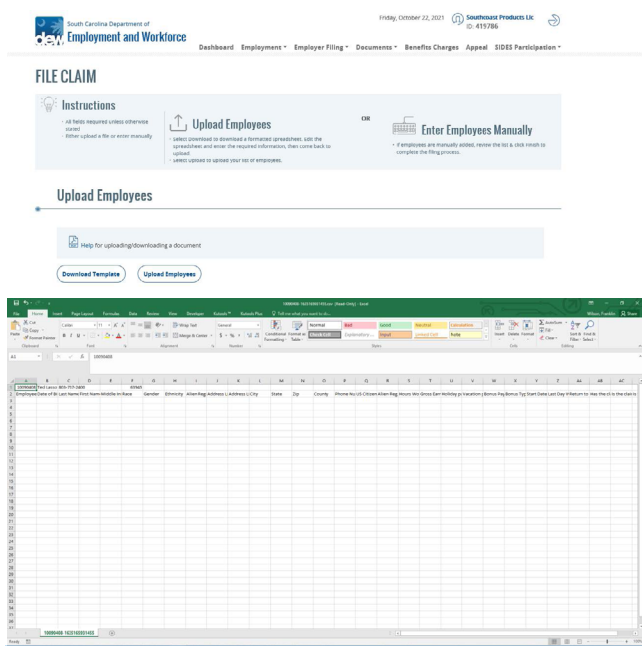
Help for uploading/downloading a document

Download Template Upload Employees

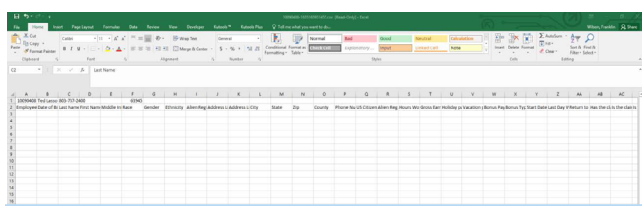
To learn about the upload/download file format, click the Help link that is right under the Upload Employees Header.



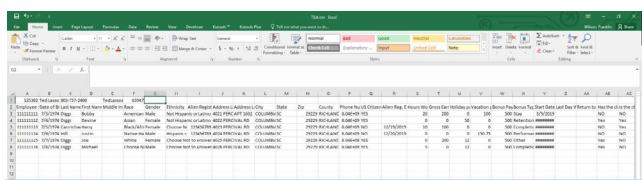
With the screen open, you can right click and choose Print so that the information is readily available as you create your spreadsheet for the upload.



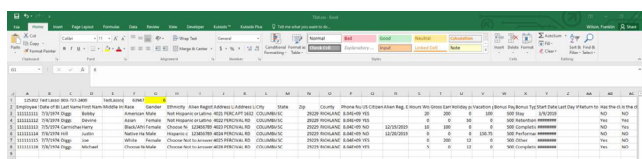
You will begin by clicking the Download button. The Download button will provide you with an Excel template in which to enter your employee's information.



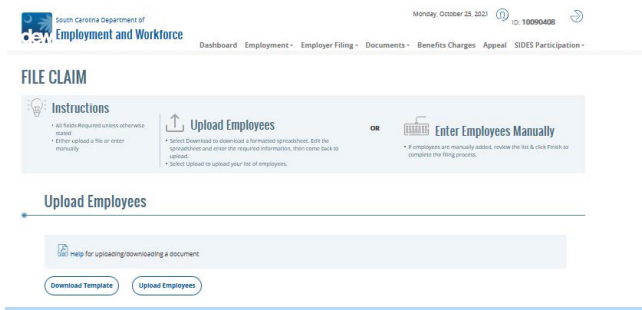
Let's explore the spreadsheet for a moment. You will notice as you scroll over each cell, you are able to read all of the information in the header. This is the same information that is required on the previous screen we just saw for the manual process.



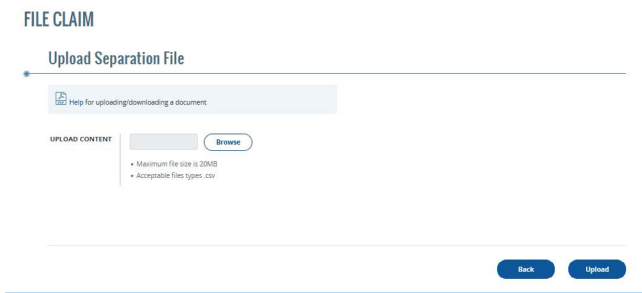
As you fill in your employees' information, you will find the Notes page that you printed out very helpful. For instance, when you are filling in an employee's start date it tells you to type the date by two-digit month, two-digit day and four-digit year using slashes (MM/DD/YYYY).



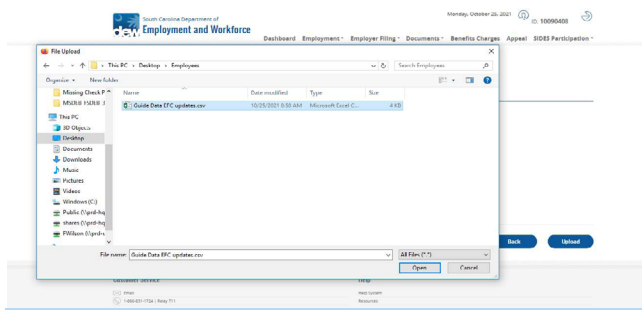
The last thing to do in the file is to click cell G1 and enter the number of employees listed in the file. Then save the file to your Local computer.



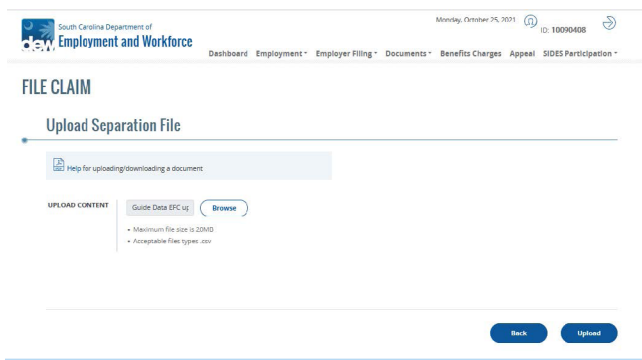
When you have finished, return to the Employer portal and click Upload.



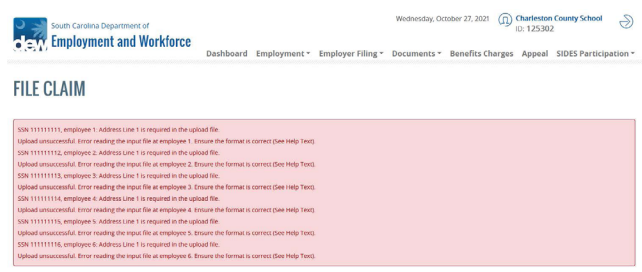
On the next screen, you will click the Browse button.



This will allow you to search your computer for the file. Select the correct file and then click open.



Click the Upload button on the right.



If there are any issues with the file, the system will give you a list of those so that corrections can be made.

If the file was uploaded successfully, you will receive a confirmation in the top left side of your page that says “Saved successfully”.

Added Employees

When finished adding, editing, and deleting employees, select Finish. Select a letter to display names starting with that letter.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
<input checked="" type="radio"/>	111-11-1111	DIGGS	DODDY	4021 PERCHVAL RD	APT 1032	COLUMBIA	SC	29229		RETURN TO WORK DATE	Pending															
<input type="radio"/>	111-11-1112	DIGGS	DEVINE	4022 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1113	DIGGS	JOB	4023 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1114	HELI	JUSTIN	4024 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1115	DIGGS	MICHAEL	4025 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1116	CARMICHAEL	HARRY	4026 PERCHVAL RD		COLUMBIA	SC	29229			Pending															

Back Update Delete Finish

In addition, you will see the individuals at the bottom of your screen. If needed, you can click the radio button next to the individual to update their information or delete them from the list. Please ensure all information is accurate before submitting. **Any updates required after submission must be completed by SCDEW staff and will cause delays or potential over payments.**

Added Employees

When finished adding, editing, and deleting employees, select Finish. Select a letter to display names starting with that letter.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
<input checked="" type="radio"/>	111-11-1111	DIGGS	BOBBY	4021 PERCHVAL RD	APT 1032	COLUMBIA	SC	29229		RETURN TO WORK DATE	Pending															
<input type="radio"/>	111-11-1112	DIGGS	DEVINE	4022 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1113	DIGGS	JOB	4023 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1114	HELI	JUSTIN	4024 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1115	DIGGS	MICHAEL	4025 PERCHVAL RD		COLUMBIA	SC	29229			Pending															
<input type="radio"/>	111-11-1116	CARMICHAEL	HARRY	4026 PERCHVAL RD		COLUMBIA	SC	29229			Pending															

Back Update Delete Finish

When you are ready, click Finish.

You will now be directed to a Confirmation screen. Your confirmation number for your group will be at the top of the page. If you choose, you can print this page for your records. Please remind individuals that while you have filed through the Employer portal, they must also go through the Claimant Self Service as well in order to receive benefits.