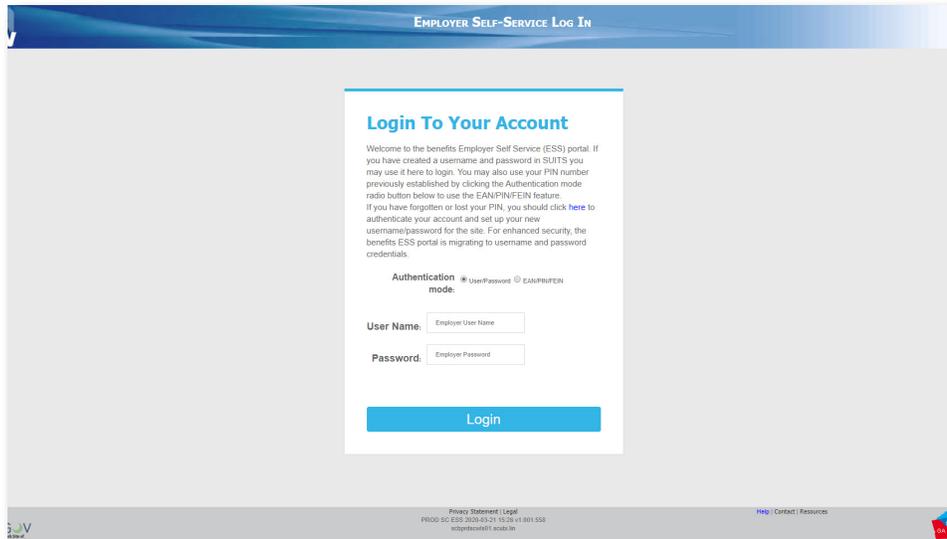# How to File A Claim for an Employee or Group of Employees

In order to complete the steps below, you must have been granted access to file Employer Filed Claims. Please see our guide with information about requesting multi-claim access.


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.

On the left hand side of the screen, you will see a selection labeled Benefit Information. Click the link labeled File Claim.
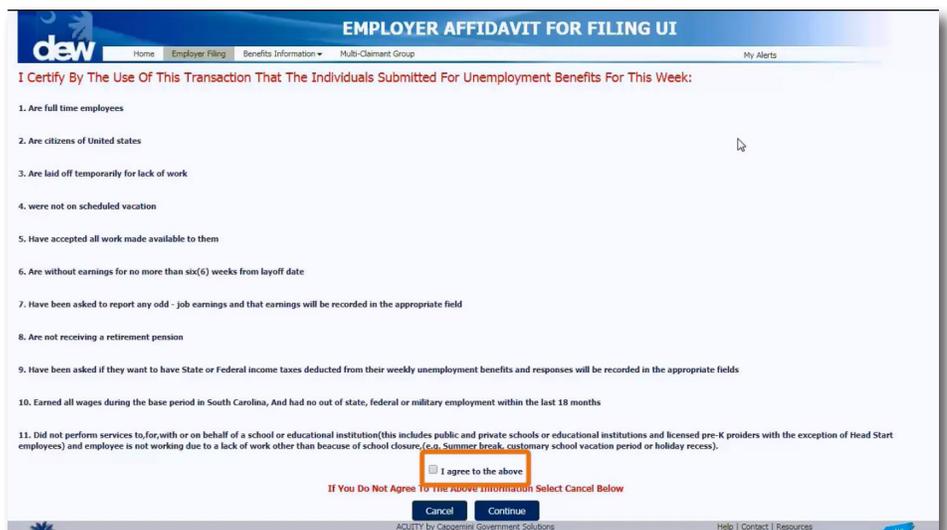
Please read all of the information on the next page and click that you agree. Then, click Continue. If you do not agree, click Cancel to be redirected to the multi-claimant group page.

When you arrive at the Employer Separations page, you will see several fields for information as well as 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.

When you have filled in all of the information, click Save.

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 Group Details section of the screen along with a Group ID.

To change any information associated with this group, click the radio button to the left of the group 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

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

Saved successfully.

Group and Separation Information

Group Type : File a Claim ▼
* Last Day Worked : ___ (mm/dd/yyyy)   * Week Ending Date : ___ (mm/dd/yyyy)
* Return to Work Date : ___ (mm/dd/yyyy)   OR **Return Type:** ▼
Location affected : ALL ▼
Please select a group contact or enter their information.
Contact Type: E-mail ▼
Contact Title: ___
*Contact Person Name: ___
*Phone Number: ___ (999-999-9999)
Email Address: ___ (xxx@yyy.zzz)
Fax Number: ___ (999-999-9999)

Save   Clear

Other Group Details

	Group ID	Group Type	Separation Begin Date	Return to Work Date	Location	Last Update
⦿	301	File a Claim	08/10/2017	Permanent		
○	297	File a Claim	09/04/2017	Unknown		09/06/2017

Back   Edit   Copy   Next

To add or edit employees for the separation, select Next.

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

Upload File   Account#:
Select Download to download a formatted spreadsheet. Edit the spreadsheet and enter the required information, then come back to upload.
Select Upload to upload your list of employees.

Fields marked with * are required.

Back   Download   Upload

To learn about the upload/download file format click Help

To add an employee, please enter the following information and click Save.

* Employee SSN : ___   Address Line 1 : ___
* Date of Birth : ___ (mm/dd/yyyy)   Address Line 2 : ___
* Last Name : ___   * City : ___
* First Name : ___   * State : ▼
Middle Initial : ___   * Zip : ___
* Race : ▼   * County : ▼
* Gender : ▼   Telephone : ___
* Ethnicity : ▼   * US Citizen : ▼
± Alien Registration : ___   ± Alien Reg. Exp. Date : ___ (mm/dd/yyyy)

Eligibility Questions

* Hours Worked : ___   * Start Date : ___ (mm/dd/yyyy)
± Claimant's Gross Earnings for the week of 08/20/2017 through 08/26/2017 : ___   Last Day Worked : ___ (mm/dd/yyyy) (If different from group)
Holiday pay : ___   Return to Work Date : ___ (mm/dd/yyyy) (If different from group)
Vacation pay : ___   ± Bonus Type : ▼
± Bonus Pay : ___   Override : ___

* 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

Save   Clear

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. The 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. Required fields are noted with an asterisk.

Upload File   Account#:
Select Download to download a formatted spreadsheet. Edit the spreadsheet and enter the required information, then come back to upload.
Select Upload to upload your list of employees.

Fields marked with * are required.

Back   Download   Upload

To learn about the upload/download file format click Help

To add an employee, please enter the following information and click Save.

* Employee SSN : ___   Address Line 1 : ___
* Date of Birth : ___ (mm/dd/yyyy)   Address Line 2 : ___
* Last Name : ___   * City : ___
* First Name : ___   * State : ▼
Middle Initial : ___   * Zip : ___
* Race : ▼   * County : ▼
* Gender : ▼   Telephone : ___
* Ethnicity : ▼   * US Citizen : ▼
± Alien Registration : ___   ± Alien Reg. Exp. Date : ___ (mm/dd/yyyy)

Eligibility Questions

* Hours Worked : ___   * Start Date : ___ (mm/dd/yyyy)
± Claimant's Gross Earnings for the week of 08/20/2017 through 08/26/2017 : ___   Last Day Worked : ___ (mm/dd/yyyy) (If different from group)
Holiday pay : ___   Return to Work Date : ___ (mm/dd/yyyy) (If different from group)
Vacation pay : ___   ± Bonus Type : ▼
± Bonus Pay : ___   Override : ___

* 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

Save   Clear

To learn about the upload/download file format, click the blue Help button on the right side of the screen.
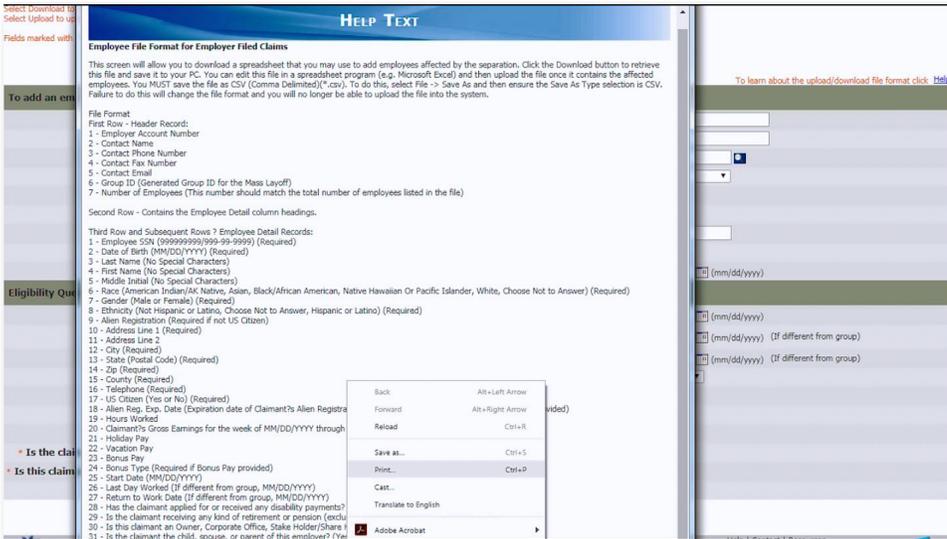
With the screen open, you can right click and choose Print so that the information is readily available as you create your spreadsheet for the upload.
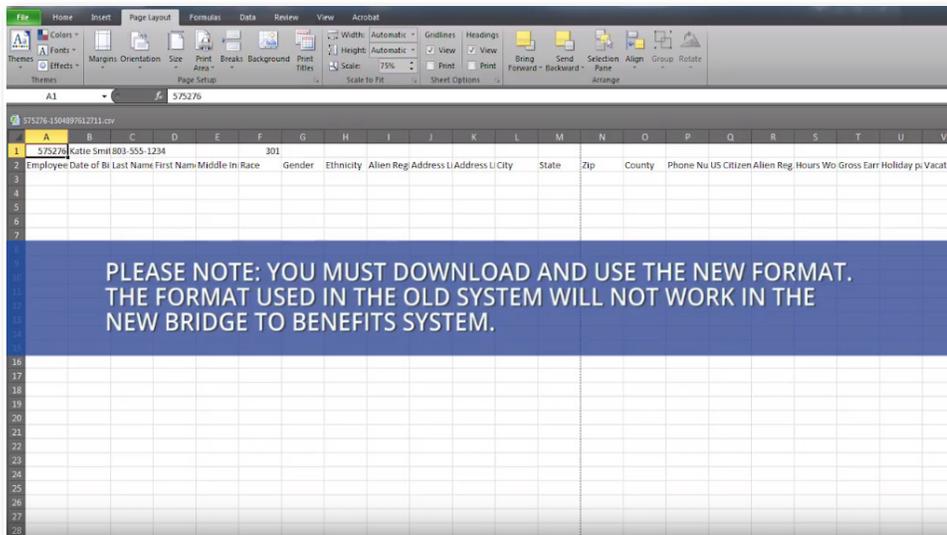

You will start by clicking the Download button. The Download button will provide you with an Excel template in which to enter your employee's information.

PLEASE NOTE: YOU MUST DOWNLOAD AND USE THE NEW FORMAT. THE FORMAT USED IN THE OLD SYSTEM WILL NOT WORK IN THE NEW BRIDGE TO BENEFITS SYSTEM.
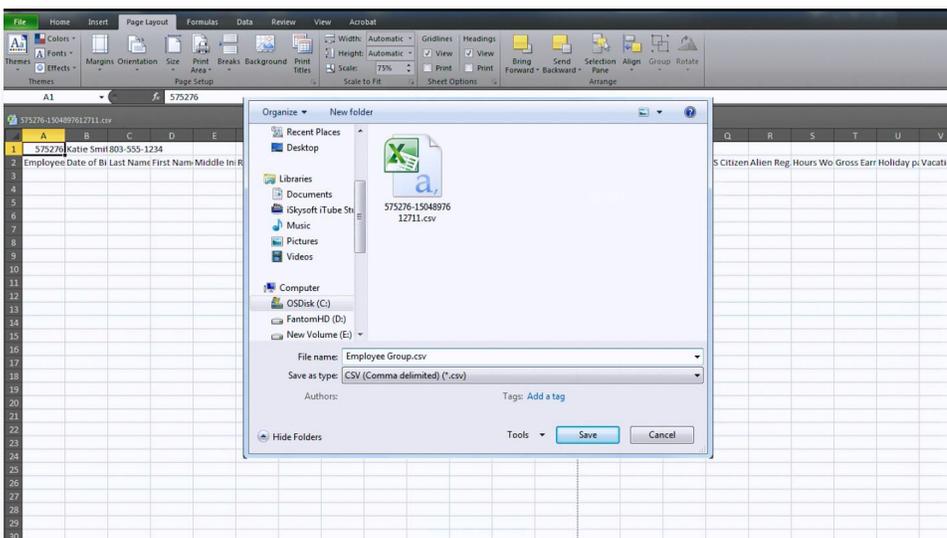

When you open the spreadsheet, it is recommended that you click File and then Save As. Locate a folder on your system where you can find the file again and then name your file. You might notice in the "Save as type"box that the file is listed as Comma delimited. That is correct.
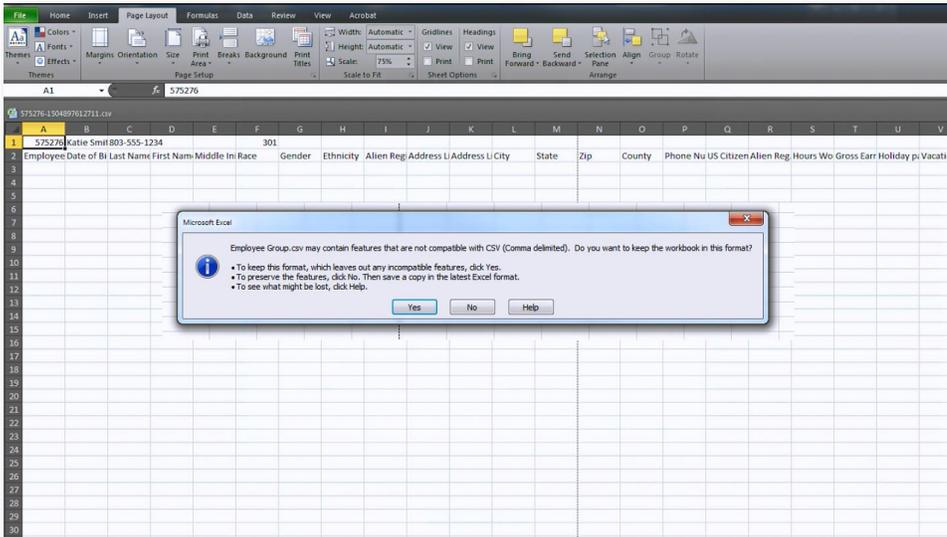
If a pop-up box appears, you will click Yes to proceed.
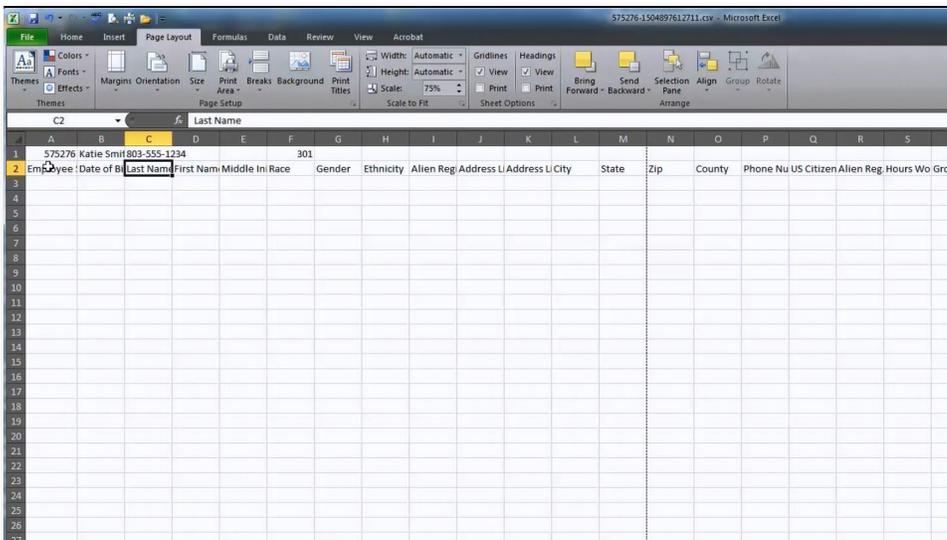
Let's explore the spreadsheet for a moment. You will notice as you scroll over each cell, you are able to read all of the information in the header. This is the same information that is required on the screen we just saw for the manual process.
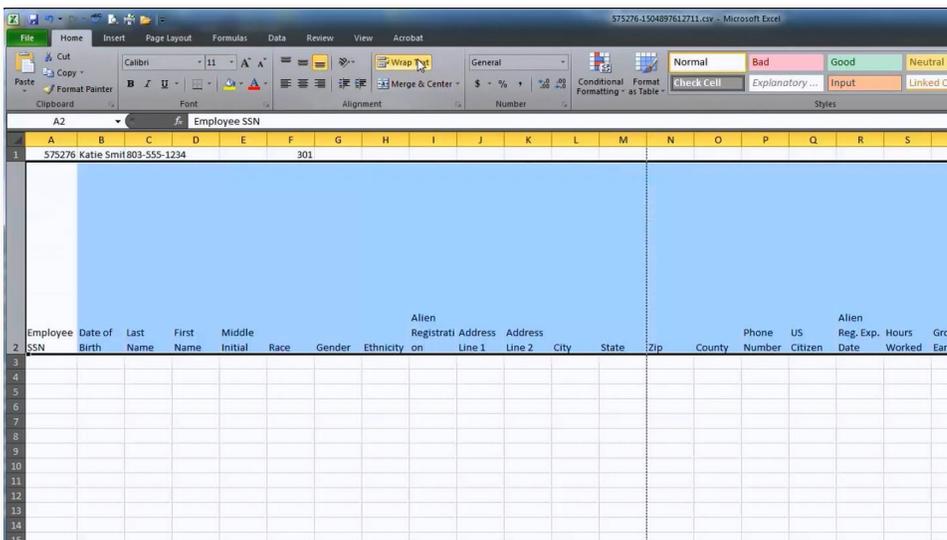
In order to see everything in the cell, you can select the row, click the Home button on the top left part of the screen and then select Wrap Text. This will automatically open the cell so that you can read everything while you input the information. However, please note that the wrap text must be taken off of these cells in order to successfully upload them to the site. When you are finished, simply click the row again and then Wrap Text.
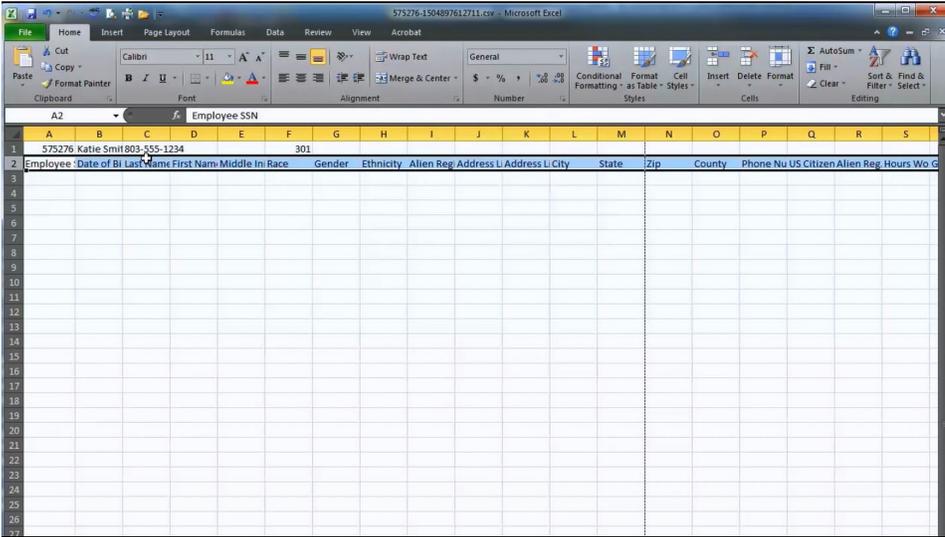
As you fill in your employees' information, you will find the Notes page that you printed out very helpful. For instance, when you are filling in an employee's start date it tells you to type the date by two-digit month, two-digit day and four-digit year using slashes (MM/DD/YYYY).
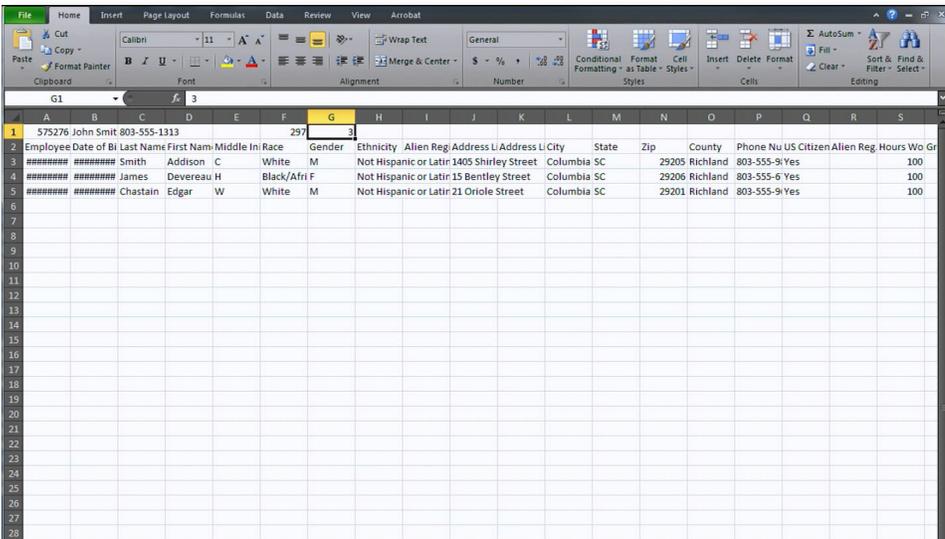
The last thing to do in the file is to click cell G1 and enter the number of employees listed in the file.

When you have finished, return to the Employer portal and click Upload.
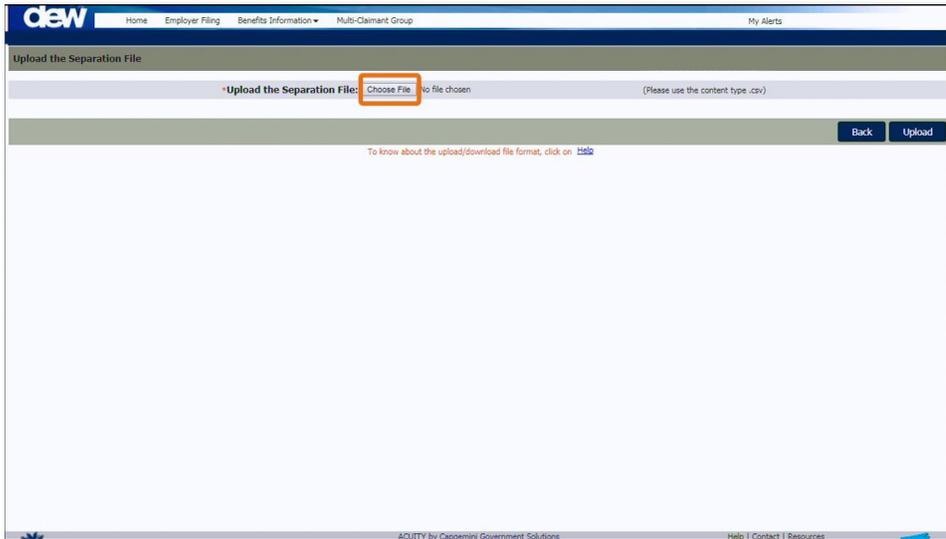
On the next screen, you will click the Choose File button.
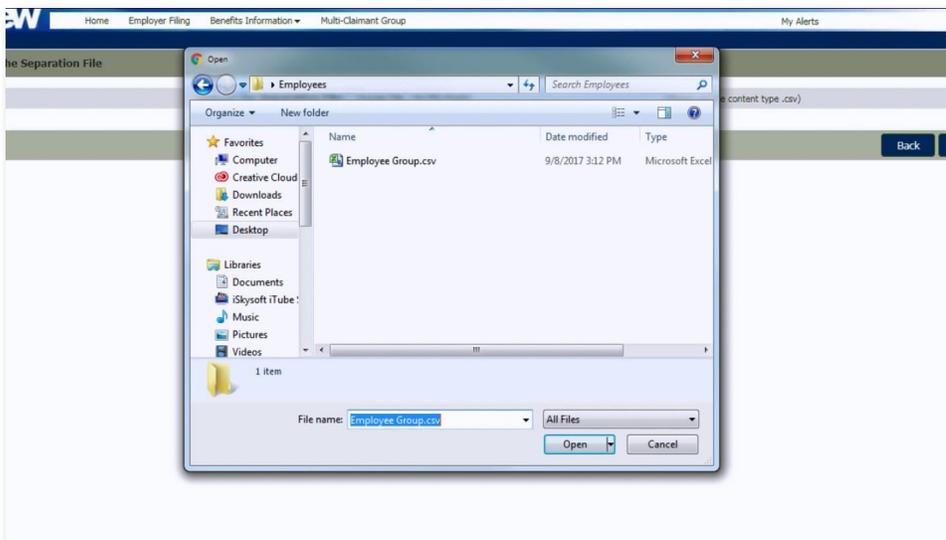
This will allow you to search your computer for the file. You will select it and then click open.
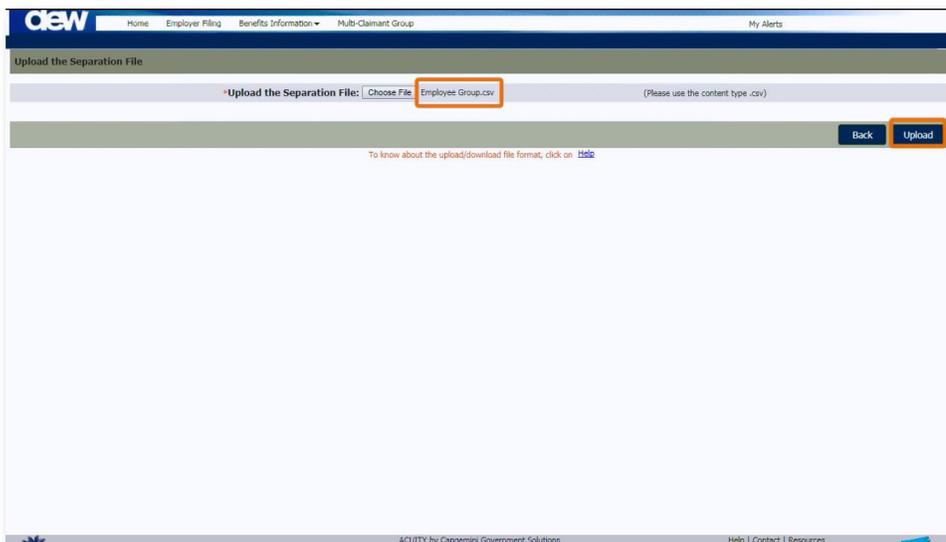
A preview of the name will appear to the right of the Choose File button.

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 you can make corrections.

If the file is saved correctly, you will see a note in the top left side of your page that says Saved successfully.

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 agency staff and will cause delays or potential over payments.

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.

From here, you can click the Home button to return to the Multi-Claimant Groups home page.

You can also click the Home link on the top left to return to the Employer dashboard.

If you have any challenges and need assistance, please call TelClaim at 1-866-831-1724.