

**DEPARTMENT OF ECONOMIC OPPORTUNITY  
REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES**

**PLEASE PRINT YOUR INFORMATION IN BLUE OR BLACK INK ONLY FOR ALL ITEMS** (on both sides of the application) AND SIGN THIS FORM.  
Complete a Supplement for other employment you have had during the last 18 months. **Please mail to the following address:**

**Florida Department of Economic Opportunity, P.O. Box 5350 Tallahassee, FL 32314-5350**

1. Name: (First, Middle, Last)				<b>FOR OFFICE USE ONLY, DO NOT WRITE IN THE GRAY AREA BELOW</b>			
1a. Other Names Used During Employment							
2. Local Mailing Address: Street Address: _____ Apt.# _____				EFF DATE: M D Y   DATE FILED: M D Y			
City: _____		State: _____	Zip: _____	Residence County: _____		CLAIM STATUS: NEW <input type="checkbox"/> ADD'L <input type="checkbox"/> R/O <input type="checkbox"/> T <input type="checkbox"/> REQUALIFY <input type="checkbox"/>	
3. Telephone Number: _____ Alternate phone number: _____ or _____				TYPE: UC <input type="checkbox"/> X <input type="checkbox"/> FE <input type="checkbox"/> CWC <input type="checkbox"/> EB <input type="checkbox"/> OTHER <input type="checkbox"/>		ISSUE: (check one) <input type="checkbox"/> NO <input type="checkbox"/> YES - enter flag codes	
4. Date of Birth: Month _____ Day _____ Year _____		5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	6. Height/Weight _____ / _____			UCB-13 <input type="checkbox"/> MODS <input type="checkbox"/> STDK <input type="checkbox"/> METHOD <input type="checkbox"/>	
7. (Statistical use only) Are you of Hispanic descent? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your primary ethnic affiliation: <input type="checkbox"/> White (1) <input type="checkbox"/> American Indian or Alaskan Native (4) <input type="checkbox"/> Black or African American (2) <input type="checkbox"/> Hawaiian or Pacific Islander (5) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Information not available (6)				1. LOCAL OFFICE <input type="checkbox"/> FIPS <input type="checkbox"/> RES. COUNTY <input type="checkbox"/> WDB <input type="checkbox"/> 2. _____ 3. IND <input type="checkbox"/> W/S <input type="checkbox"/> ERP <input type="checkbox"/> MCS <input type="checkbox"/> 4. _____			
8a. Identification (ID): Driver's License #: _____ State of Issuance: _____ State Identification #: _____ State of Issuance: _____ Other ID #: _____ Type of ID: _____				IB4 STATE/FIPS CODE _____ Primary DOT Code: _____ Mo. Exp. _____ Secondary DOT Code: _____ Mo. Exp. _____			
8b. *Social Security Number: (see Privacy Act Statement below)				Disaster Date: _____ Documentation presented: _____ TYPE: _____ Announcement Disaster #: FL _____			
9. Check the number which corresponds to the highest grade you completed: 1. Did not finish High School - Highest grade completed was: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 2. High School Diploma or GED <input type="checkbox"/> 3. AA or Post Secondary Vocational/Technical Certificate of Completion <input type="checkbox"/> 4. BS/BA <input type="checkbox"/> 5. MS/MA <input type="checkbox"/> 6. Doctorate <input type="checkbox"/>				Primary DOT Code: _____ Mo. Exp. _____ Secondary DOT Code: _____ Mo. Exp. _____			
11. I am a citizen of the United States. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, see p. 2 If no, I am authorized to work in this country. <input type="checkbox"/> YES <input type="checkbox"/> NO				10. Are you handicapped as defined in Section 504 of the Rehabilitation Act of 1973? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Definition:</b> A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. <b>NOTE:</b> This information will be used for statistical purposes only; is requested on a voluntary basis; and will be kept confidential.			
11a. Citizenship: <input type="checkbox"/> US Citizen/Nationalized <input type="checkbox"/> Lawfully Admitted Alien/Refugee <input type="checkbox"/> Cuban Entrant <input type="checkbox"/> Haitian Entrant <input type="checkbox"/> Other				11b. If not fluent in English, what language do you prefer to use? _____ Alien Reg. #: _____ Expiration Date: _____			
12. I hereby apply for the period beginning:  14. Type Of Industry Employer:  15. Name of Most Recent Employer:				13. Employer ID # _____			
Employer's Street Address _____				Dates Worked: FROM: Mo. _____ Day _____ Year _____ TO: Mo. _____ Day _____ Year _____			
City _____		County _____	State _____	Zip _____		Occupation: _____	
Supervisor's Name: _____				County in which worked: _____			
Employer's Telephone Number: _____		Salary Rate: \$ _____ Per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		Total Gross Earnings _____ Total Gross Earnings since Sunday of this week: \$ _____ Occupation or Title: _____			

Enter your total period of employment with this employer:

Employment Start Date:

Employment End Date:

1. Have you had multiple periods of new employment with this employer since 1/1/2019?                      YES                      NO
- A. Were your total gross wages at least \$4675 during this period of employment? Do not include wages earned after 4/5/202.                      YES                      NO
- B. Enter your gross wages with this employer for the total period of your employment entered above (if more than one year, enter gross earnings for a recent one year period). Do not include wages earned after 4/5/2020.
2. Are you considered working on-call for this employer?                      YES                      NO
3. Did you work full time for this employer?                      YES                      NO
4. Are you an officer of a corporation?                      YES                      NO
- If yes, the reason for separation for an officer of a corporation shall be considered a voluntary quit per Florida statutes.
5. Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?                      YES                      NO
6. Are you a school employee?                      YES                      NO
7. Did you work for a private company and as part of your work did you provide services to a school or other educational institution? For example, you drove a school bus, but you were not a school board employee.                      YES                      NO

**Work Authorization Information**

If you indicated you are **not a U.S. citizen**

1. Which of the following work authorization cards or documents do you have? (select One)
- I-55 (Permanent Resident Card)
  - I-766 (Employment Authorization Card)
  - I-551 (Temporary Language Machine Readable Immigrant Visa)
  - I-551 (Temporary Stamp on passport of K-94)
  - I-94 (Arrival/Departure Record)
  - I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
  - I-327 (Reentry Permit)
  - I-571 (Refugee Travel Document)
  - I-20 (Certificate of Eligibility for Non-immigrant (F-1) Student Status)
  - DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
  - Other Work Authorization Document
2. Your country of Origin:
3. Your passport number:
4. The country that issued your passport:
5. Your I-94 number:
6. Your I-551/I-766 number:
7. Your SEVIs ID number:

**DEPARTMENT OF ECONOMIC OPPORTUNITY  
REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES**

Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Working Reduced Hours	COVID-19 <input type="checkbox"/> Suspension <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Discharged, Job Performance <input type="checkbox"/> Discharged, Other
Explain Reason for Separation:	
Tools/Equipment Used:	
Are you scheduled to return to work for this employer? <input type="checkbox"/> YES      When? <input type="checkbox"/> NO	
16. Are you currently employed, self-employed or have you been self-employed in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. Is there any reason you cannot seek or accept full-time employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17A. Have you refused any offer of work since you became unemployed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Did you apply for or receive, or would you be eligible to receive if applied for: (Mark "Y" for Yes or "N" for No next to each question) <input type="checkbox"/> Any amount for loss of wages due to illness or disability? <input type="checkbox"/> Any amount of retirement pension or annuity income? <input type="checkbox"/> Any type of private income protection insurance? <input type="checkbox"/> Worker's compensation for death of head of household?  <input type="checkbox"/> Any amount as supplemental unemployment benefit?	
19. Have you received, or will you receive any of the following payments? Severance Pay <input type="checkbox"/> YES <input type="checkbox"/> NO      Amount: \$ _____ Wages in Lieu of Notice <input type="checkbox"/> YES <input type="checkbox"/> NO Vacation Pay <input type="checkbox"/> YES <input type="checkbox"/> NO      From: _____ To: _____	
20. Do you have specific plans to enroll in or attend school or vocational training within the next 12 months? If yes, when? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. Are you receiving, or will you receive a retirement pension? If yes, date payment began/will begin: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Employer's Name: _____	
22. During the past 18 months, have you: <input type="checkbox"/> YES <input type="checkbox"/> NO a. Been in the Military Service? b. Held a Federal Civilian Job? c. Worked in any other state?	
23. Have you applied for Reemployment Assistance benefits in the past 12 months? If yes, against which state? <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. If you receive, or will receive payments from Worker's Compensation, is it classified as: Temporary Total <input type="checkbox"/> YES <input type="checkbox"/> NO      Temporary Partial <input type="checkbox"/> YES <input type="checkbox"/> NO      Impairment Income <input type="checkbox"/> YES <input type="checkbox"/> NO Permanent Total <input type="checkbox"/> YES <input type="checkbox"/> NO      Supplemental Income <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Are you a member of a labor union which finds/obtains work for its members? If yes, provide Union name and number: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. What type of work are you seeking?	
27. Are you a veteran who meets one or more of the following conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO a. Served on active duty for a period of more than 180 days and received a discharge other than dishonorable. b. Was a reservist who earned a campaign badge <i>and</i> was released or discharged with a discharge other than dishonorable? c. Was discharged or released from active duty because of a service-connected disability?	
<b>If you answered yes to Question 27 above, please answer questions 28 – 32 below, otherwise go to question 33.</b>	
28. Were you released from military active duty within the last three years (36 months)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
29. Did you serve on active duty during a war, campaign or expedition for which a campaign badge has been authorized? <input type="checkbox"/> YES <input type="checkbox"/> NO	
30. Are you a Disabled Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Definition:</b> You have a service-connected disability which entitles you to compensation or caused you to be discharged or released from active duty.	
31. Are you a Special Disabled Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Definition:</b> You are entitled to compensation for a service-connected disability rated at 30 percent or more <b>or</b> 10 or 20 percent with a determination that you have a serious employment handicap <b>or</b> you were discharged or released from active duty because of service-connected disability.	
32. Are you a homeless veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	
33. Are you the spouse of any of the following individuals? <input type="checkbox"/> YES <input type="checkbox"/> NO (a) a veteran who died of a service connected disability; (b) a veteran who has a total service-connected disability; (c) a member of the Armed Forces serving on active duty who has been listed for a total of more than 90 days in one of the following categories: (I) missing in action; (II) captured in line of duty by a hostile force; or (III) forcibly detained in the line of duty by a foreign government?	
34. If you answered 'Yes' to Question 27 or 33 above, you qualify for Special Job Service Veteran's Assistance through the local One Stop Center in your area and, unless told otherwise at the time you complete this application, you should report to that office to register for Veteran's assistance.	

DEPARTMENT OF ECONOMIC OPPORTUNITY  
REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES

I hereby claim benefits under the Florida Reemployment Assistance Law. I am not seeking benefits under any other state or Federal system. At the discretion of the department, this application for benefits may be accepted as my registration for work and employment services. I understand the Florida Reemployment Assistance Law provides penalties for knowingly making false statements for the purpose of obtaining benefits. I declare that the statements made in connection with this claim are true and correct to the best of my knowledge and belief. I understand the information is subject to verification and agree to provide such documentation as required.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Department of Economic Opportunity may e-mail me for additional information needed in determining my claim.

**My E-Mail Address is:** \_\_\_\_\_

I understand the Department of Economic Opportunity will maintain the confidentiality of my e-mail address pursuant to section 443.1715, Florida Statutes.

**\*PRIVACY ACT STATEMENT**

The information you provide to this Department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

Employers are authorized by law to provide this Department with information needed to determine our eligibility for benefits. This information includes your dates of employment, wages paid and the reason for your employment separation. Information you provide about why you left specific employment may be disclosed to that employer so that this Department may determine your eligibility for benefits.

I have answered all questions fully and truthfully. I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements.

By submitting this application, I acknowledge that I am filing this application for reemployment assistance for myself 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 third degree felony pursuant to section 443.071, Fla. Stat.

I have read and agree with the above:      YES      NO      Enter your Social Security Number:

**\*FRAUD STATEMENT**

Florida Law provides that knowingly making a false statement, in order to obtain or increase Reemployment benefits, is a third degree felony punishable by up to \$5,000 in fines and five years in jail. It is also illegal to file a claim or claim benefit weeks for someone else. All cases determined to be fraudulent can be referred to the State Attorney's office for prosecution. Each week of benefits fraudulently claimed is a separate offense for prosecution.

**If you give false information or a false Social Security Number when filing your claim, you could be arrested for fraud.**

**I acknowledge that I understand this statement and wish to continue to file my claim.**

REEMPLOYMENT ASSISTANCE APPLICATION  
SUPPLEMENT

35. \*Social Security Number:

36. WORK HISTORY: Complete the following in blue or black ink for the last 3 jobs you have held DURING THE PAST 18 MONTHS PRIOR to the employment you listed in item 12 of the UC310 form. Include self-employment, part-time work, military service, and employment with a government agency. Include all employers regardless of location, type of work performed, or length of job.

Next Most Recent Employer:			Employer ID # (For Office Use Only)
Employer's Street Address:			Dates Worked: FROM: TO:
City:	State:	Zip:	Total Gross Earnings with this Employer: \$
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number:			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$  Per: (Hour, Week, Month, Year)
Explain Reason for Separation:			
Next Most Recent Employer:			Employer ID # (for Office Use Only)
Employer's Street Address:			Dates Worked: FROM: TO:
City:	State:	Zip:	Total Gross Earnings with this Employer: \$
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number:			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$  Per: (Hour, Week, Month, Year)
Explain Reason for Separation:			
Next Most Recent Employer:			Employer ID # (For Office Use Only)
Employer's Street Address:			Dates Worked: FROM: TO:
City:	State:	Zip:	Total Gross Earnings with this Employer: \$
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number:			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$  Per: (Hour, Week, Month, Year)
Explain Reason for Separation:			
Next Most Recent Employer:			Employer ID # (For Office Use Only)
Employer's Street Address:			Dates Worked: FROM: TO:
City:	State:	Zip:	Total Gross Earnings with this Employer: \$
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number:			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$  Per: (Hour, Week, Month, Year)
Explain Reason for Separation:			

**Additional Eligibility Information**

Since you became unemployed, were you referred to a job by a CareerSource Center and refused/failed to accept the referral?	YES	NO
Did you perform services as a professional athlete for any employer since Tuesday, January 1, 2019?	YES	NO
Are you seeking only part-time work?	YES	NO
Have you accepted a job offer with a new employer?	YES	NO

If Yes, enter the date that you will begin working

**Claimant Residential Address**

Attention:

Address:

City: State: Zip:

County:

Country:

**Notification**

1. Did you or will you work full time during the week of filing? YES NO
2. Did you or will you work and earn at least \$275 during the week of filing? YES NO

**Initial Questions**

1. Indicate ALL type(s) of employment you had since 1/1/2019.

- Employed in Florida (excluding military and federal civilian employment)
- Employed in State other than Florida (excluding military and federal civilian employment)
- Employed by the Military in Active Duty
- Employed as a Federal Civilian Employee
- Self Employed or Independent Contractor
- I have not been employed since 1/1/2019

2. Since 4/7/2019, have you applied for reemployment benefits from a state other than Florida? YES NO
3. Are you filing from Florida? YES NO
4. If you are not filing from Florida, enter the state from which you are filing:
5. Please enter the location from where you are filing this application:

**Correspondence Preference**

How would you like to receive your Correspondence? Electronic US Mail

Email address:

Preferred language:

**Proactive Notifications**

The Reemployment Assistance Program is offering proactive notifications to provide you with important reminders such as when to request benefits, notice of payments, and alerts on actions needed or determinations made on your claim.

Would you like to receive proactive notifications? YES NO

**General Information – Tax Withholding**

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 Internal Revenue Service. PLEASE DIRECT ALL QUESTIONS CONCERNING YOUR INCOME TAX LIABILITY TO THE INTERNAL REVENUE SERVICE.

**Tax Withholding Choice**

Do you want federal taxes withheld from any reemployment assistance payable to you?

I hereby authorize the Department of Economic Opportunity NOT to deduct and withhold federal income tax from my reemployment assistance.

I hereby authorize the Department of Economic Opportunity to deduct and withhold federal income tax from my reemployment assistance benefits.

**Identity Verification**

Please verify your identity by entering your Social Security Number:

I certify that I am making the above choice regarding my federal income tax withholding status

**General information - Mailing**

If you print out this form you can take it to a participating FedEx location where they will mail it to Tallahassee for free. See participating locations and more details at: <https://www.floridajobsresources.com>

## Acknowledgments

### Workforce Registration

I understand that Florida law requires me to register with Workforce Services via Employ Florida Marketplace to continue my eligibility for benefit payments.

A link will be provided to me after I have submitted my application and will also be available on my account home page should I wish to complete it later.

I understand that payment of my claim will be delayed or denied if I do not complete my registration with Workforce Services prior to requesting my benefit payments for the first time.

I agree

### CareerSource Center

I understand that I will be notified if I am required to attend a CareerSource Center Seminar. Failure to attend by the given date may result in a delay or loss of my reemployment assistance benefits.

If a CareerSource Center gives me a job referral, I understand that failure to pursue this referral may result in a loss of reemployment assistance benefits.

I agree

### Requesting Benefit Payment

I understand the following:

- I am required to request benefit payments for each week I wish to receive benefits.
- The first week of a new benefit year for which I would be eligible to receive reemployment assistance benefits will be an unpaid waiting week.
- 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

### Reporting Income

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

### Work Search Requirements

Regular:

I understand I will be required to submit a minimum of five (5) work search contact or the details of a CareerSource 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

### Benefit Rights Information

I understand it is my responsibility to read the Benefits Rights Information which explains my rights and responsibilities while collecting reemployment assistance. A link to the Benefit Rights Information is included at the end of this application and on my account homepage.

I agree





REEMPLOYMENT ASSISTANCE PROGRAM  
 PO BOX 5250  
 TALLAHASSEE, FL 32314-5250

**Ron DeSantis**  
 Governor

**Ken Lawson**  
 Executive Director

### Florida Reemployment Assistance Way2Go Debit Card Fee Schedule

Below are the Debit Card Fee schedules you have reviewed and acknowledged. Depending on the Florida Reemployment Assistance Way2Go Debit Card services you utilize, you may be responsible for these fees.

#### Florida Reemployment Assistance Prepaid Card issued by Comerica

<p>You have several options to receive your payments: direct deposit to your bank account; direct deposit to your own prepaid account; or by default to this prepaid card.          You do not have to accept this prepaid card. Please log on to <a href="https://connect.myflorida.com">https://connect.myflorida.com</a> to enter your bank account or prepaid account information.          Ask about other ways to receive your funds.</p>			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> (in-network) <b>\$1.90</b> (out-of-network)	<b>N/A</b>
ATM balance inquiry (in-network or out-of-network)			\$0 or \$0.75
Customer service (automated or live agent)			\$0.50*
Inactivity			\$0
<b>We charge 2 other types of fees. Here they are.</b>			
Card replacement (regular or expedited delivery)			\$4* or \$18.50*
Over the counter teller cash withdrawal			\$3.00*
<p>* This fee can be lower depending on how and where this card is used. See separate disclosure for ways to access your funds and balance information for no fee. You are allowed one regular card replacement for no fee per benefit period.</p>			
<b>No overdraft/credit feature</b>			
Your funds are eligible for FDIC insurance.			
For general information about prepaid accounts, visit <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a> .			
Find details and conditions for all fees and services in the cardholder agreement.			

I have reviewed the Florida Reemployment Assistance Way2Go Debit Card Fee Schedule and understand that if I choose Florida Reemployment Assistance Way2Go Debit Card as my payment method and use the above services that I will be responsible for any fees charged for those services.

List of all fees for Florida Reemployment Assistance Way2Go Card Prepaid Card

All Fees	Amount	Details
<b>Get Started</b>		
Card purchase	\$0	There is no fee to obtain a Card account.
<b>Spend money</b>		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or PIN number.
<b>Get Cash</b>		
ATM Withdrawal (in-network)	\$0	There is no fee for in-network ATM withdrawals conducted at Comerica and MoneyPass ATM locations. In-network refers to Comerica and MoneyPass ATM locations. In-network locations can be found at <a href="https://locations.comerica.com/">https://locations.comerica.com/</a> and <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
ATM Withdrawal (out-of-network)	\$1.90	This is our fee. "Out-of-network" refers to all ATMs outside of the MoneyPass or Comerica Bank ATM Network. You will be assessed a fee for each ATM withdrawal conducted at an out-of-network ATM. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawals (OTC)*	\$3.00	This is our fee. You are allowed one (1) withdrawal per deposit for no fee at Mastercard Member Bank or Credit Union teller windows. Each additional withdrawal will be assessed the fee.
<b>Information</b>		
Customer service (automated or live agent)*	\$0.50*	You are allowed five (5) calls to Customer Service Interactive Voice Response (IVR) or live agent for no fee each month to check your balance or hear your transaction history. Each additional call will be assessed the fee.
ATM balance inquiry (in-network)	\$0	There is no fee for ATM balance inquires conducted at MoneyPass and Comerica Bank ATM networks.
ATM balance inquiry (out-of-network)	\$0.75	This is our fee. Each ATM balance inquiry conducted at an out-of-network ATM will be assessed a fee.
<b>Using your card outside the U.S.</b>		
International transaction fee	3%	Conversion rate is a Mastercard fee for each transaction amount conducted outside of the U.S.
<b>Other</b>		
Card replacement	\$4	You are allowed one (1) card replacement for no fee per benefit period. Each additional card replacement request will be assessed a fee. Cards are sent via regular mail. Standard delivery is 7 to 10 calendar days.
Expedited card delivery	\$14.50	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee, in addition to any applicable card replacement fee. Expedited card delivery can be expected within 3 to 5 calendar days.
Funds transfer via Interactive Voice Response (IVR-phone) or web portal	\$0.00	There is no fee for you to transfer funds from your card account to a U.S. bank account owned by you.

\* "No Fee" transactions expire at the end of each calendar month if not used.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See [fdic.gov/deposit/deposits/prepaid.html](https://fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-833-888-2780, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit [www.GoProgram.com](http://www.GoProgram.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://cfpb.gov/prepaid).

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](https://cfpb.gov/complaint).