

KENTUCKY LABOR CABINET
OFFICE OF UNEMPLOYMENT INSURANCE
QUALITY CONTROL BRANCH
500 MERO Street, 4th FLOOR
FRANKFORT, KY 40601
PHONE 502-564-2369
FAX 502-564-4746
UICLAIMS@KY.GOV

Directions for Submitting an Employer Mass Electronic Claim (E-Claim) File
[E-Claim - Template.xls]

Important Notes on the E-Claim Process:

An otherwise eligible employer for E-Claims may submit an E-Claims file to the Office of Unemployment Insurance. All E-claims files submitted to the agency must meet the requirements listed below. The employer's contact person will be notified if corrections are needed. The E-Claim file may be resubmitted once the required corrections are made.

E-Claim files should be submitted to Uieclaims@ky.gov. An acceptable E-claim file may be submitted prior to the Benefit Week, but no later than **12:00 Noon E.T. on the Tuesday of the Benefit Week** otherwise the E-claim will not be processed.

Directions for Completing E-Claim – Template.xls

1. Make sure there are no spaces at the start of each cell.
2. If you paste data to the file, you want to use the **paste values** option.
3. The top part must be filled out completely. There is no specific format other than ensuring that all fields have information.
 - a. **Last Day Worked (LDW)**: This date will be used for all employees on the list. If you have multiple LDW due to shifts, multiple spreadsheets/E-Claim files should be submitted.
 - b. **Return to Work Date (RTW)**: This is the actual RTW date for the group of employees, if employees are off for more than 1 week, this same file will need to be submitted weekly; The Benefit Week would be the only difference.
 - c. **Benefit Week**: Select Benefit Week that employees will be off. Select from drop down list; it goes from Sunday to Saturday.
 - d. **"0 employees on this E-claim"** – This is auto calculated, do not edit this.
 - e. **Contact Person and Contact Person 2** – These should be the Point of Contact that our agency can contact if there is a problem with your E-claim file.

Company Name:	Awesome company		
Company Location:	800 Main Street, Any town ,KY 4xxxx		
Contact Person:	Jane Doe	Contact Person 2:	Jim Smith
Contact Email:	Jane.doe@awesomeco.com	Contact Email 2:	Jim.Smith@awesomeco.com
Phone # :	859-867-5309	Contact Ph # 2:	
Last Day Worked:	9/29/2019		
Return to Work Date:	10/15/2019		
Benefit Week:	1 Oct 19 – 7 Oct 19		0 employees on this E-claim

4. **Social Security Numbers** – Numbers only, (No dashes and no spaces).

5. **First name** – Letters only, (no special characters i.e. hyphens or apostrophes).
6. **MI - Middle initial** – A single letter or blank if no middle name. No extra characters or punctuation.
7. **Last name** – Letters only, (no special characters i.e. hyphens or apostrophes). Hyphens may be used if there are 2 last names.
8. **Address line 1** – *MUST BE THEIR **CURRENT ADDRESS***. Hyphens may be used. (field size:23 characters)
 - a. Please use abbreviations:
 - i. Ave – avenue
 - ii. Blvd – boulevard
 - iii. Ln – lane
 - iv. Rd – road
 - v. St – street
 - vi. Hwy – highway
9. **Address line 2** – PO BOXES, APARTMENT, LOT, & UNIT NUMBERS must go in this cell. (field size:23 characters)
10. **City** – Enter the city name
11. **State** – Enter the state's 2 letter abbreviation (Kentucky=KY)
12. **Zip code** – Numbers only, 5 digit zip code.
13. **Phone #** – Numbers only, (No dashes or parenthesis). e.g. 5028887777
14. **Birth - Birthdates** – Date formatted as MM/DD/YYYY. e.g. 03/05/1980 or 03051980
15. **S - Sex** – Single letter abbreviation.
 - a. Please use one of the following abbreviations accepted by our system:
 - i. M – Male
 - ii. F – Female
16. **R - Race** – Single letter
 - a. Please use one of the following abbreviations accepted by our system:
 - i. A -Asian
 - ii. B -African American
 - iii. H -Hispanic
 - iv. I -American Indian/Alaskan
 - v. W -White
 - vi. W – Other
17. **CSD - Company start date**. Date formatted as MM/DD/YY. e.g. 03/05/99 or 030599
18. **Alien ID** – Numbers only
19. **Employee ID** – Employer defined (optional field). If you are going to request information from us, we will identify your employees by the last 4 of SSN or employee id that you provide.
20. **Employee Email** – The email address at which the employee should receive UI correspondence.