



KENTUCKY LABOR CABINET
Office of Unemployment Services

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Frankfort, KY 40601
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Andy Beshear
Governor

Larry L. Roberts
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Jacqueline Coleman
Lieutenant Governor

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Executive Director

STIPULATION OF FACTS

787 KAR 1:100§1(4)4(b) provides that “1. the parties to an appeal, with the consent of the referee, may stipulate the facts involved, in writing. 2. The referee shall: a. Decide the appeal on the basis of the stipulation; or b. Schedule a hearing to take further evidence.”

You were issued a determination finding that you failed to certify during a benefit payment request that you were off work due to a COVID-related reason and ruling you ineligible for Lost Wages Assistance (“LWA”) benefits on these grounds. Your appeal of this determination has been received by the Appeals Branch.

You are entitled to a hearing before an appeals referee to present testimony and evidence on the reason for your unemployment, or, to expedite your appeal, you may fill out this sworn statement and return it to the Appeals Branch, 500 Mero Street, 4-SC, Frankfort, Kentucky 40601 or by email at UILWAAppeals@ky.gov.

ELIGIBILITY REQUIREMENTS TO RECEIVE LWA

Presidential Memorandum Authorizing the Other Needs Assistance Program for Major Disaster Declarations Related to Coronavirus Disease 2019 issued on August 8, 2020 (“the Memorandum”), provides for LWA benefits to eligible claimants. Section 4(c) of the Memorandum states eligible claimants are entitled to a \$400.00 payment per week of unemployment from the week ending August 1, 2020, through no later than December 5, 2020, or until available FEMA funds are exhausted. Section 4(d) of the Memorandum defines “eligible claimants” as those claimants:

- 1) whose weekly benefit amount is at least \$100.00 as provided by the monetary determination of one of the following programs (“other programs”);
- 2) who are unemployed or partially unemployed due to the disruptions caused by COVID-19, Disruptions caused by “COVID-19,” for the purposes of LWA self-certification, is limited to those “COVID-19 related reasons” mentioned on page 3 of UIPL 16-20 and which are identified in Section 2102(a)(3)(A)(ii)(I) of the CARES Act.
 - a) The individual has been diagnosed with COVID-19 or is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
 - b) A member of the individual’s household has been diagnosed with COVID-19;
 - c) The individual is providing care for a family member or a member of the individual’s household who has been diagnosed with COVID-19;
 - d) A child or other person in the household for which the individual has primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for the individual to work;
 - e) The individual is unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency;
 - f) The individual is unable to reach the place of employment because the individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
 - g) The individual was scheduled to commence employment and does not have a job or is unable to reach the job as a direct result of the COVID-19 public health emergency;

- h) The individual has become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19;
 - i) The individual has to quit his or her job as a direct result of COVID-19; or
 - j) The individual's place of employment is closed as a direct result of the COVID-19 public health emergency.
- And,

- 3) who have self-certified once per claim that they are unemployed or partially unemployed due to the disruptions caused by COVID-19, during the weeks in question.

Further,

- 4) The most recent job separation does not need to be directly related to COVID-19.
- 5) The week for which the claimant is requesting LWA benefits must be a compensable week.

STIPULATION OF THE REASON FOR THE CLAIMANT'S UNEMPLOYMENT

DO NOT COMMIT FRAUD. Failing to provide relevant information or knowingly making a false statement on this affidavit to obtain benefits will subject you to disqualification from benefits, liability for overpayment of all benefits so received plus interest and penalties, and criminal prosecution by state and/or federal officials.

- 1) I am unemployed or partially unemployed as a result of one of the COVID related disruptions listed below

Yes (answer question 2)

No

- 2) Choose all that apply.

The individual has been diagnosed with COVID-19 or is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;

A member of the individual's household has been diagnosed with COVID-19;

The individual is providing care for a family member or a member of the individual's household who has been diagnosed with COVID-19;

A child or other person in the household for which the individual has primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for the individual to work;

The individual is unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency;

The individual is unable to reach the place of employment because the individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;

The individual was scheduled to commence employment and does not have a job or is unable to reach the job as a direct result of the COVID-19 public health emergency;

The individual has become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19;

The individual has to quit his or her job as a direct result of COVID-19; or

The individual's place of employment is closed as a direct result of the COVID-19 public health emergency.

Please indicate below how your unemployment or partial unemployment meets the above-indicated COVID-19 related reason(s)

CONTINUE TO CLAIM YOUR BENEFITS while your claim is under appeal. You will only be paid benefits that are properly claimed and for which you are otherwise eligible.

I certify that the foregoing information is true and accurate. I acknowledge that my answers are subject to the penalties of perjury and fraud.

I consent to the Referee deciding my appeal on the basis of this stipulation or, at the discretion of the referee, scheduling a hearing and taking further evidence.

Signature

Date

SSN

Pursuant to the Uniform Electronic Transaction Act (1999) KRS 369.102(8), Electronic Signatures in Global and National Commerce Act, 15 U.S.C. secs. 7001 et seq., KRS 457.250 and KRS 369.101– KRS 369.120, you agree that your above electronic signature carries the same weight and legal effect as your wet ink signature on a traditional paper do