

**INFORMATION FOR FILING YOUR INITIAL UNEMPLOYMENT CLAIM
FILE BY INTERNET 24 HOURS/7 DAYS A WEEK – WWW.FILECTUI.COM**

INSTRUCTIONS TO EMPLOYEE: (EMPLOYER: Please turn to “UC-61” on reverse of packet)

This packet has been prepared to assist you in filing a new claim for Unemployment Compensation benefits. Your employer should have completed the Unemployment Notice on the last page of this packet. However, if it was not completed, you should file your claim without it.

Please read the following information and follow the instructions provided throughout the packet.

SECTION A - GENERAL INFORMATION

Q. What will I find in this packet?

- A. ■ Information for filing your Unemployment Compensation claim.
 ■ Specific instructions for filing your claim for benefits.
 ■ Questions you will be asked while using the Initial Claim filing process.
 ■ Voluntary income tax withholding information and General Release form.
 ■ Employment Services offered by the Connecticut Department of Labor.

Q. Can I file for unemployment benefits?

A. Yes. You have a legal right to file a claim for unemployment benefits. A separation packet and/or a separation letter are not required to file a claim for unemployment benefits. To protect your benefits, **do not delay filing**. The EFFECTIVE DATE of your unemployment claim depends upon the **date that you complete your claim for benefits**.

Q. How do I file a claim for unemployment benefits?

A. **BY WEB OR TELEPHONE IN ENGLISH OR SPANISH: Claims for unemployment compensation are taken by web or telephone in English or Spanish.** Website is available 24 hours a day, 7 days a week – WWW.FILECTUI.COM. The telephone numbers used to file a claim are listed in Section D, page 5 of this packet.

Q. What if I am unable to use the telephone or web due to a disability?

A. There is a special telephone number for deaf or hearing impaired individuals on page 5 (TDD/TTY users). Other individuals may contact the closest Department of Labor/American Job Center (DOL/American Job Center) at the address provided in the blue pages of your telephone book.

Q. Will I qualify for unemployment benefits?

A. The Connecticut Unemployment Compensation Act is intended to provide benefits to workers who have earned enough wages to qualify and meet certain eligibility requirements. You may be scheduled for a fact finding hearing to determine your eligibility to receive benefits under this act. Printed material regarding eligibility for unemployment compensation is available at all DOL/American Job Centers, many public libraries, and our website at www.ct.gov/dol.

Q. What will the Labor Department need to know?

A. Information about you, your dependents, and your work history will be used by the Connecticut Department of Labor to establish your claim. All correspondence, including a Debit Card, will be mailed to the address of record that you give us, unless you select Direct Deposit as your method of payment.

Important: Be sure that all information you provide is accurate. Any information you provide is subject to verification. Intentionally making a false statement or failing to disclose material facts to obtain benefits is a violation of the law.

By initiating a claim for unemployment benefits you will be authorizing the release, to the Connecticut Department of Labor, of wage and other information that may be required to determine your eligibility.

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

SECTION B - PREPARING TO FILE YOUR TELE-BENEFITS CLAIM

When you file your claim you will be asked for your **Social Security number** and be given instructions to create your own **PASSWORD** for internet/web filing or four-digit **PIN** (Personal Identification Number) for telephone filing. **Your PASSWORD or PIN protects the privacy of your claim and has the SAME LEGAL AUTHORITY AS YOUR SIGNATURE ON A PAPER.** Select a **PASSWORD** or **PIN** you will easily remember because you will use it whenever you file a claim. **Do not give your PASSWORD or PIN to anyone.**

The questions listed below, and any follow-up questions indicated, will be asked when you file your new claim. It will speed the processing of your claim if you answer the questions **BEFORE** calling.

1. Have you worked or filed a claim in a state other than Connecticut in the last 24 months? <i>(If Yes, disregard remaining questions and go to Question 1 in SECTION C, page 3)</i>	(1) Yes	(2) No
2. Are you currently working full time?	(1) Yes	(2) No
3. What is your telephone number? <i>(Including area code)</i>	(____) - _____ - _____	
4. What is your date of birth? <i>(Example: 07/22/1972)</i>	___ / ___ / _____	
5. What is your sex?	<input type="checkbox"/> 1. Male	<input type="checkbox"/> 2. Female
6. What is your marital status? <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Separated <input type="checkbox"/> 5. Divorced		
7. What is your race? <input type="checkbox"/> 1. White <input type="checkbox"/> 2. African American <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Native American <i>(for statistical purposes only)</i> <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other <i>(check #6 if none of the above or you choose not to answer)</i>		
8. Are you a United States citizen? <i>(If No, write your Alien # here)</i> Please have your Alien card available prior to calling the Tele-Benefits line.	(1) Yes	(2) No
9. Are you available for full time work?	(1) Yes	(2) No
10. Are you attending school or in a training program? <i>(If Yes, complete Question 10 in SECTION C, page 3)</i>	(1) Yes	(2) No
11. Did you collect Worker's Compensation or were you on an approved medical leave in the last 24 months? <i>(If Yes, complete Question 11 in SECTION C, page 3)</i>	(1) Yes	(2) No
12. Are you self-employed? <i>(Answer yes whether or not you are currently receiving income from self-employment)</i>	(1) Yes	(2) No
13. Are you or have you been an officer of a corporation in the last 24 months?	(1) Yes	(2) No
14. Are you receiving primary Social Security benefits based on your own earnings? <i>(If Yes, complete Question 14 in SECTION C, page 3)</i>	(1) Yes	(2) No
15. Are you receiving a pension? <i>(If Yes, complete Question 15 in SECTION C, page 4)</i>	(1) Yes	(2) No
16. Have you worked for the Federal Government in the last 24 months? <i>(If Yes, see Question 16 in SECTION C, page 4)</i>	(1) Yes	(2) No
17. Have you served in the Armed Forces in the last 24 months?	(1) Yes	(2) No
18. Have you been employed by an educational institution in the last 24 months?	(1) Yes	(2) No
19. Are you a construction worker?	(1) Yes	(2) No
20. Are you a member of a union?	(1) Yes	(2) No

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

SECTION C - FOLLOW-UP QUESTIONS

****You do not have to answer these questions unless directed to do so when answering questions 1 through 20 in Section B.****

Question 1. If you worked in a state other than Connecticut in the last 24 months, complete the following:

Information Needed	Employer # 1	Employer # 2
Employer Name		
Employer Address <i>(Complete address)</i>		
Dates of Employment		
Reason for Separation		
Type of Work Performed		

Note: If you have additional out of state employment, provide the same information for each employer on another sheet of paper.

If you filed a claim for unemployment benefits in a state other than Connecticut in the last 24 months, complete the following:

State	Date filed

Question 10. If you are attending school or a training program, complete the following:

Name of school	
Days and hours of attendance	

Question 11. If you received Worker's Compensation or if you were on an approved medical leave, complete the following:

Enter the type of payment. <i>(i.e. If Worker's Compensation: specific award, permanent partial, temporary total, temporary partial)</i>	
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Question 14. If you are receiving primary Social Security benefits, complete the following:

Amount of Social Security	\$	Date began receiving SS	/	/
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STATE OF CONNECTICUT - DEPARTMENT OF LABOR

(SECTION C - CONTD.)

Question 15. If you are receiving a pension, please complete the following:

Pensioning Employer's Name and Address			
Date began receiving pension	/ /	Date last worked for this employer	/ /
Monthly or lump sum of pension	\$	Type (disability / retirement)	
Name and address of administrator if different from above			

Question 16. If you worked for the Federal Government in the last 24 months, have available your SF 8, SF 50 or any separation documentation you may have received from the Federal agency. **Also have available verification (pay stubs, W-2, etc.) of any Federal wage amounts earned in the last 24 months.**

PLEASE NOTE: Listed below are other situations that may apply to you that may request additional information from you:

- **Dependents** - If you have **children** that you wish to claim as dependents on your unemployment claim, please have your children's names and dates of birth available. If you have a **spouse** that you wish to claim as a dependent, please have your spouse's Social Security number and date of birth available.
- **Other employers** - If you have or have had any other employers (*other than the employer who completed Section F, Unemployment Notice*) in the last 18 months, please be prepared to provide this information .
- **Veteran** - If you are a veteran, please tell the CSR at the time of your call or if filing by web indicate at that question. You may be eligible for certain re-employment services designed for veterans.

ADVICE - Please **KEEP this packet** in a safe place, you may be required to submit it to the Connecticut Department of Labor at a later date.

You may be required to mail certain documentation to the Connecticut Department of Labor. All documentation, unless otherwise noted, will be mailed to the following address:

**Connecticut Department of Labor
 Claims Examination Unit
 200 Folly Brook Boulevard
 Wethersfield, CT 06109-1114**

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

SECTION D - FILING YOUR TELE-BENEFITS CLAIM

TO FILE YOUR CLAIM via Internet/Web go to **www.filectui.com** or call the telephone number listed that is within your local calling area. Directions to the DOL/American Job Center offices located in these areas can also be obtained by calling the numbers listed below. **NOTE: OFFICES LISTED IN BOLD BELOW ARE COMPREHENSIVE AMERICAN JOB CENTERS WITH DEPARTMENT OF LABOR STAFF AVAILABLE TO PROVIDE STAFF ASSISTED SERVICES IF NEEDED.**

CALLING AREA	# TO CALL TO FILE CLAIM
Ansonia	(203) 230-4939
BRIDGEPORT *	(203) 579-6291
Bristol	(860) 566-5790
Danbury	(203) 797-4150
DANIELSON*	(860) 423-2521
Enfield *	(860) 566-5790
HAMDEN	(203) 230-4939
HARTFORD	(860) 566-5790
Manchester	(860) 566-5790

CALLING AREA	# TO CALL TO FILE CLAIM
Meriden	(860) 344-2993
Middletown	(860) 344-2993
New Britain	(860) 566-5790
NEW LONDON	(860) 443-2041
Norwich	(860) 443-2041
Stamford	(203) 348-2696
Torrington *	(860) 482-5581
WATERBURY	(203) 596-4140
Willimantic	(860) 423-2521

* If you live in the **Kent, North Thompson, Salisbury, Sharon, Stafford Springs, Westport or Wilton** exchange, you may call the following toll free number: 1-800-354-3305. This number is **NOT** accessible statewide. It is only for the seven exchanges listed above.

If you live out of state, contact our Interstate office at 1-800-942-6653.
TDD/TTY Users CALL 1-800-842-9710.

SECTION E - EMPLOYMENT SERVICES AVAILABLE

Search job opportunities at **www.cthires.com**

DOL/American Job Centers offer a variety of Employment Services

- Internet Access for Job Search
- Computers for Résumé and Cover Letter Writing
- Employer Recruitment
- Veteran's Services
- Labor Market Information
- Internet Access for Job Search

Employment Workshops:

- Successful Job Search Strategies
- Interviewing Strategies & Techniques
- Looking for Work over 40
- Job Club Support Groups
- Fundamentals of Résumé Writing
- Using the Internet in your job search

For more information about employment services we offer, visit your nearest DOL American Job Center
(directions can be obtained by calling the number above nearest to your residence),

or visit our Website at: www.ct.gov/dol



VOLUNTARY WITHHOLDING OF INCOME TAX FROM UNEMPLOYMENT BENEFITS

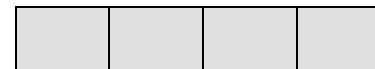
IMPORTANTE - TENGA ESTO TRADUCIDO INMEDIATAMENTE

Benefits are taxable - Any unemployment benefits you receive are fully taxable as income by the IRS and the Connecticut Department of Revenue Services, **PROVIDED YOU ARE REQUIRED TO FILE A TAX RETURN.**

- # You may voluntarily have taxes withheld for Federal and Connecticut income taxes.
- # The Internal Revenue Service has set the amount to be withheld at 10%, rounded to the nearest whole dollar, of your total weekly unemployment benefit payment.
- # Connecticut has set the amount to be withheld for Connecticut income tax at 3%, rounded to the nearest whole dollar, of your unemployment benefit payment. State law requires that **the choice to withhold applies to both taxes**, not one or the other.
- # You may elect to have the Department of Labor deduct these withholdings and forward them to the appropriate tax agency. Or, if you do not want taxes withheld right away, you can contact the Call Center any time during your benefit year to begin having taxes withheld with the first payment issued to you after your request has been processed. If you elect to have taxes withheld, you may change your election during your benefit year. The Department of Labor **CANNOT REFUND** any taxes withheld. Refunds will have to be resolved with the tax agency.
- # Any legally-required reductions in your weekly benefit amount, such as part-time earnings, retirement payments, severance or vacation pay, offsets of prior unemployment payments, or child support intercept payments (CSI), will be taken from your weekly benefits **PRIOR** to any voluntary tax withholding. The amount of the CSI deduction or overpayment offset will be considered part of the weekly payment against which the tax withholding amounts are calculated. Listed below are examples of withholding deductions.

Weekly Benefit	10% IRS Withholding	3% CT Withholding	Total Withholding	CSI	Payment Amount
\$150.00	\$15.00	\$5.00	\$20.00	\$0	\$130.00
\$225.00	\$23.00	\$7.00	\$30.00	\$75.00	\$120.00
\$300.00	\$30.00	\$9.00	\$39.00	\$0	\$261.00
\$350.00	\$35.00	\$11.00	\$46.00	\$90.00	\$214.00

- If filing by the web you must select whether or not to withhold taxes.
- If filing by phone, a customer service representative whom you will talk after your automated filing will ask whether or not you wish to have taxes withheld.



(For Office use Only)



**IMPORTANTE – TENGA ESTO TRADUCIDO
INMEDIATAMENTE**

CONNECTICUT DEPARTMENT OF LABOR
CLAIMS EXAMINATION UNIT
200 FOLLY BROOK BOULEVARD
WETHERSFIELD CT 06109-1114 TELEPHONE (860) 263-6635

GENERAL RELEASE

If instructed during the claim filing process: Please complete and return this form to the above address.

Fill out all of the information requested to the right and sign this document below. It is **extremely important** that all of the requested information is provided and that your signature is on this release form. ***Failure to do so could cause a serious delay in the processing of your claim for benefits.***

NAME: _____
First M.I. Last

SOC. SEC. NO.: ____ / ____ / ____

AUTHORIZATION OF RELEASE OF WAGE AND PENSION INFORMATION

I authorize the release to the Connecticut Department of Labor of such pension and other income information that may be required to determine my eligibility for unemployment compensation benefits.

CLAIMANT'S SIGNATURE REQUIRED: _____

Information concerning an individual's unemployment compensation claim may be disclosed, under certain circumstances, to other governmental agencies pursuant to Title XI of the Social Security Act as amended by Public Law 98-369 (42 U.S.C. 503 (F)). It is possible that information concerning your filing history could be accessed by other state, municipal, or federal agencies involved in an income and eligibility verification system.

AUTHORITY: The Connecticut State Labor Department, Employment Security Division is empowered to solicit information to access wage records and process your application or claim for benefits under the authority of Connecticut Statute, Sections 31-222 and 31-254 as supplemented by Section 31-222-8 of the Unemployment Compensation Regulations.



Babel Notice for Limited English Proficient Individuals with 11 Language Translations (Spanish, Chinese, French, German, Tagalog, Italian, Vietnamese, Korean, Polish, and Portuguese)

ENGLISH

IMPORTANT! This document(s) contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document.

DEADLINE FOR APPEAL: If you disagree with this determination or decision, you must file an appeal before the deadline noted in this document.

IMMEDIATELY: If needed, call 860-566-5790 or 203-230-4939 for assistance in the translation and understanding of the information in the document(s) you have received.

SPANISH

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

PLAZO LÍMITE PARA APELAR: Si usted está en desacuerdo con esta determinación o decisión, debe presentar una apelación antes del plazo límite indicado en este documento.

INMEDIATAMENTE: Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 860-566-5790, o 203-230-4939.

CHINESE

重要提示! 这份文件包含有关失业补偿的权利、责任和/或利益的重要信息。您需要理解本文件中的信息，这一点至关重要。

上诉截止日期: 如果您不同意本裁定或决定，您必须在本文档所载截止日期前提出上诉。

立即: 如果需要，请拨打860-566-5790 / 203-230-4939，可获得帮助，以利您翻译和理解所收到的文件中的信息。

FRENCH

IMPORTANT! Ce document contient des informations importantes sur vos droits d'allocation de chômage, vos responsabilités et/ou vos bénéfices. Il est indispensable que vous compreniez le contenu de ce document.

DATE LIMITE POUR FAIRE APPEL: Si vous n'êtes pas d'accord avec cette détermination ou décision, vous devrez faire un appel avant la date limite signalée dans ce document.

IMMÉDIATEMENT: Si nécessaire, téléphonez au 860-566-5790 / 203-230-4939 pour avoir de l'assistance sur la traduction et/ou la compréhension de ce document.

GERMAN

WICHTIG! Diese(s) Dokument(e) enthält (enthalten) wichtige Hinweise zu ihren Rechten, Pflichten bzw. Leistungen im Rahmen der Arbeitslosenunterstützung. Es ist entscheidend, dass Sie die Informationen in diesem Dokument verstehen.

FRIST ZUR BESCHWERDEEINLEGUNG: Wenn Sie mit der Feststellung oder Entscheidung nicht einverstanden sind, müssen Sie vor Ablauf der in diesem Dokument aufgeführten Frist eine Beschwerde einlegen.

SOFORT: Sofern erforderlich, rufen Sie die Telefonnummer 860-566-5790 / 203-230-4939 an und erkundigen sich nach Hilfsdiensten bei der Übersetzung und zum Verständnis der Informationen in dem (den) von Ihnen erhaltenen Dokument(en).

TAGALOG

IMPORTANT! Ang mga dokumentong ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong mga karapatan na makatangap ng kabayaran, mga responsibilidad at /o benepisyo dahil sa pagkawala ng trabaho. Napakahalagang maunawaan mo ang mga impormasyong nilalaman sa dokumentong ito.

HULING ARAW PARA UMAPILA: Kung hindi ka sumasang-ayon sa pagpapasiya o desisyon, dapat kang maghabol o magharap ng apila bago dumating ang huling araw na nabanggit sa dokumentong ito.

KAAGAD: Kung kinakailangan ang tulong, tumawag sa 860-566-5790 / 203-230-4939 para sa pagsasalín ng wika at pag-unawa ng impormasyon sa mga dokumentong natanggap mo.

ITALIAN

IMPORTANTE: Questo documento contiene informazioni importanti sui Suoi diritti di indennizzo di disoccupazione, sulle sue responsabilità e i suoi benefit. E' cruciale che Lei comprenda appieno le informazioni contenute in questo documento.

SCADENZA PER IL RICORSO: Se non si trova in accordo con questa determinazione o decisione, dovrà presentare ricorso prima della scadenza riportata nel presente documento.

IMMEDIATAMENTE: In caso di necessità chiama il 860-566-5790 / 203-230-4939 per assistenza alla traduzione e comprensione delle informazioni contenute nei documenti ricevuti.

VIETNAMESE

QUAN TRỌNG: Tài liệu này chứa đựng tin tức quan trọng về quyền hạn, trách nhiệm và/hoặc những lợi lộc được đền bù trong khi thất nghiệp. Đó là điều tối cần thiết mà quý vị phải hiểu rõ những tin tức trong tài liệu này.

HẠN CHÓT KHIẾU NẠI: Nếu quý vị không đồng ý với quyết định này, quý vị phải nộp đơn khiếu nại trước hạn chót ghi rõ trong tài liệu này.

MỘT CÁCH NHANH CHÓNG: Nếu cần xin hãy gọi số 860-566-5790 / 203-230-4939 để được giúp đỡ trong việc phiên dịch và hiểu rõ những tin tức trong tài liệu quý vị đã nhận.

KOREAN

중요! 이 문서는 실업보상 권리, 책임 및/또는 혜택에 대한 중요한 정보가 포함 되어 있습니다. 이 문서에 있는 정보를 이해 하는 것은 매우 중요합니다.

항소 마감: 이 결정에 이견이 있으시면 항소인은 문서에 언급된 마감일 전에 항소를 제기하셔야 합니다.

즉시: 받으신 문서의 번역 및 이해를 위해서 도움이 필요하시면 860-566-5790 / 203-230-4939 로 연락을 하시기 바랍니다.

POLISH

WAŻNE! Dokumenty mogą zawierać ważne informacje o Pana(-i) prawach do zasiłków dla bezrobotnych, obowiązków i/lub świadczeń. Zrozumienie informacji zawartych w niniejszym dokumencie jest bardzo ważne.

DATA WYGAŚNIĘCIA TERMINU SKŁADANIA ODWOŁAŃ: Jeśli nie zgadza się Pan(-i) z decyzją zawartą w niniejszym dokumencie, odwołanie należy złożyć przed datą wygaśnięcia terminu wyszczególnionego w treści niniejszego dokumentu.

NATYCHMIAST: W razie potrzeby, należy dzwonić pod 860-566-5790 / 203-230-4939 w celu uzyskania pomocy w tłumaczeniu i zrozumieniu informacji w dokumentach, które Pan(i) otrzymał(-a).

RUSSIAN

ВАЖНО! Данный документ(ы) содержит важную информацию о Ваших правах на пособие по безработице, ответственностях и /или выгодах. Крайне важно, чтобы Вы поняли всю информацию, представленную в данном документе(ах).

КРАЙНИЙ СРОК ДЛЯ ОБЖАЛОВАНИЯ: Если Вы не согласны с представленным постановлением или решением, Вы должны подать заявление на обжалование данного документа до крайнего срока, указанного в нём.

НЕМЕДЛЕННО: При необходимости звоните 860-566-5790 / 203-230-4939 для получения помощи в переводе и понимании информации данного документа(ов).

PORTUGUÊSE

Importante! Este documento (s) contém informações importantes sobre seus direitos de indemnização do desemprego , responsabilidades e / ou benefícios. É importante que você compreenda as informações contidas neste documento.

Prazo para Recurso: Se você não concordar com esta determinação ou decisão, você deve apresentar e apelar antes do prazo referido no presente documento.

Imediatamente : Se necessário , chame 860-566-5790 / 203-230-4939 para assistência na tradução e compreensão da informação no documento (s) que você recebeu.

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 8/16)

IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE

SECTION F - UNEMPLOYMENT NOTICE

INSTRUCTIONS TO EMPLOYER:

It is your responsibility to give this entire packet to the separating employee at the time of separation, regardless of the reason for separation (see Section L below). If it is not possible to give this packet to the employee at the time of separation, then mail the packet to the employee's last known address.

- DO NOT send a copy to the Department of Labor.

PLEASE BE SURE THAT ALL THE INFORMATION ENTERED BELOW IS CORRECT

A. EMPLOYER CONNECTICUT REGISTRATION NUMBER (If unsure, call Employer Status Unit at 860-263-6550, all other questions should be directed to Claims Exam at 860-263-6635.)									
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B. EMPLOYER NAME	
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C. EMPLOYER ADDRESS
<hr/> <hr/>

D. EMPLOYEE NAME	
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E. SOCIAL SECURITY NUMBER									
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F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)			
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G. START DATE					H. LAST DAY WORKED					I. RETURN TO WORK DATE (if definite)			
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J. YEAR TO DATE EARNINGS												
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K. WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)											
--	--	--	--	--	--	--	--	--	--	--	--

L. REASON FOR UNEMPLOYMENT				
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M. DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?				
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If yes, what type?	No. of hours/days covered	Amount	Dates Covered

EMPLOYER SIGNATURE		TITLE		DATE	
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TELEPHONE NUMBER		FAX NUMBER	
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FILE CLAIMS VIA WEB AT WWW.FILECTUI.COM