

**IT Professional Technical Services  
Master Contract Program  
T#:902TSSStatement of Work (SOW)  
For Technology Services  
Issued By**

**Minnesota Department of Employment and Economic Development  
Unemployment Insurance Division  
Correspondence Rewrite Project**

**Service Category:** Web Design & Development

The Unemployment Insurance (UI) Division of the Department of Employment and Economic Development (DEED) is seeking a vendor to redesign and rewrite notices and questionnaires used in administering the UI program. Notices are communications used to inform customers while questionnaires are used to collect information. These communications are distributed both online and by postal mail.

“The UI Program provides temporary benefits to qualified persons out of work through no fault of their own. The purpose of the program is to help maintain the economic stability within a community. The UI fund is financed entirely by a special tax paid by employers.” ([www.uimn.org](http://www.uimn.org))

In 2009 the program handled 363,000 new applications, the payment of \$2.8 billion dollars in benefits, and the filing of 12.1 million wage detail records by 130,000 employers. The program mails over 5 million pieces of correspondence to customers each year.

Customers (applicants, employers and employer agents) conduct their business primarily through an online self-service system. Direct communication with UI staff is by exception. The program provides information and instruction online or through notices sent by mail. Information is collected from customers using questionnaires. Questionnaires are compiled from electronic files then presented to the customer online and by mail.

When an individual applies for benefits they are asked a series of questions to establish their identity and determine eligibility for benefits. Many responses generate a need to ask additional questions. For example any answer other than “Layoff” to “Reason for separation...” will generate additional questions.

(If still employed, enter your most recent date worked in the End Date field.)

\* Last Wage: \$  per: (Select one)

\* Average number of hours worked per week:

\* Job Title:

\* Is this business owned or partially owned by you, your spouse, your parent, or your child?  Yes  No

\* Is the employer a [Temporary Agency](#)?  Yes  No

\* Reason for separation from this employer:

- Layoff:** Some examples are: lack of work, temporary layoff, seasonal layoff, reduction in force (RIF), your position was eliminated, your employer's business closed/plant shutdown (temporarily or permanently).
- Quit:** You decided to leave your employment. This includes work-related, personal, or medical reasons, change in residence, found other job, etc.
- Discharged/Dismissed/Terminated:** Your employer decided to end your employment for reason other than layoff.
- Suspension:** Your employer will temporarily not allow you to work. For example: Pending an investigation or disciplinary action. (if for medical reasons, go to leave of absence).
- Leave of Absence:** You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
- Strike/Lockout/Strike related:** You are currently unemployed as a direct or indirect result of a strike or lockout.
- Still working:** This includes part-time or on-call employment.

Any "Yes" answer on the "Eligibility Information" screen will also generate additional questions.

**Eligibility Information**

Have you applied for or are you receiving any of the following:

1. \* [Social Security](#) Retirement Benefits based on your **own** earnings?  Yes  No
  - Does NOT include Supplemental Security Income (SSI), Survivors or Dependent benefits
  - Individuals are not eligible for Social Security Retirement until age 62
2. \* Payments from a [Union Pension fund](#) contributed to by one or more employers? (Including lump sum and periodic payments)  Yes  No
3. \* Payments from a pension fund, annuity fund or a retirement account contributed to by an employer? (Including 401K, and lump sum or periodic payments)  Yes  No

Since 01/01/2008, have you received, applied for, or are you receiving any of the following:

4. \* [Social Security](#) Disability Benefits?  Yes  No
  - Does NOT include Supplemental Security Income (SSI)
5. \* Workers Compensation payments for loss of wages?  Yes  No
6. \* [Other disability payments](#) for loss of wages?  Yes  No

Since 01/01/2008, have you received, or do you expect to receive any of the following upon separation from employment:

7. \* [Accrued vacation pay or Personal Time Off \(PTO\) pay](#)?  Yes  No  Not Sure
  - Includes temporary layoff
  - Does NOT include holiday pay
8. \* [Severance or any other separation payments](#)?  Yes  No  Not Sure
  - Examples: bonus pay, wages in lieu of notice (notice pay), sick pay, not working but on the payroll, retention pay
  - Does NOT include holiday pay or regular earnings for work performed.

Since 01/01/2008:

9. \* Have you worked for an [educational institution](#) or an [employer contracting services to schools](#)?  Yes  No
  - Does NOT include Head Start programs
10. \* Were you paid to participate in, or train for any sporting events at any level as a coach, athlete or referee?  Yes  No
11. \* Are you currently enrolled in school or a training program?  Yes  No
12. \* Have you refused an offer of employment since 04/26/2009?  Yes  No

To be paid the applicant has to make a request each week; the applicant is asked a series of questions about their work search, availability and any income received. Depending on their responses they may be required to answer additional questions.

og UI Indicates Required Field

**Initial Questions**

To progress through the Request Payment screens, always use the "Previous" or "Next" buttons provided at the bottom of the page. Do not use the "Back" button at the top of your Internet browser window.

Please answer the following questions carefully for the **week of Sunday, 06/14/2009 through Saturday, 06/20/2009**.

1. \* Did you work or have a paid holiday during the reporting period listed above?  
This includes [Full Time](#) , [Part Time](#) , [Temporary Work](#) , [Self Employment](#) or [Volunteer Work](#).  Yes  No
2. \* For this reporting period, did you or will you receive or apply for income, from any other source, that you have not previously reported to us?  Yes  No  
Please click [Here](#) for examples of other income sources
3. During the above period:
  - \* Did you refuse an offer of employment?  Yes  No
  - \* Did you quit a job that you have not previously reported to us?  Yes  No
  - \* Were you discharged from a job that you have not previously reported to us?  Yes  No
4. During the above period:
  - \* Were you available for work? (This includes being medically able to work.)  Yes  No
  - \* Did you look for work?  Yes  No

When an individual applies for benefits the employer is notified and asked for their input. The employer is asked questions similar to the applicant. The process is the same, certain responses generate additional questions.

There are approximately 40 different questionnaires just for why a person might quit their employment. For example they may have quit because of child care, transportation, health, domestic abuse, incarceration, etc. The first questions are the same for all 40 questionnaires. The remaining questions are unique to the reason they gave for why they quit. (See attachments) Questionnaires are designed to reflect the customer's understanding of their situation. It is important that individuals feel that they have been provided adequate opportunity to express themselves.

Following are some of the challenges in collecting information from customers:

Customers are expected to know basic program requirements and are held accountable for the information they provide. The notices sent to customers are appealable documents. It's important that UI communications are clear and complete to avoid misunderstanding. There are customers who look for loopholes to exploit. Vague language or incomplete information gives validity to the defense that the customer didn't know or understand. Language has to hold up to legal scrutiny.

UI communications are both informational and actionable. Customers are expected to respond. Responses need to be timely; delays can have negative results. There are time limits for responding, limits are set in statute so there is no recourse. How to respond has to be clear: online, mail or fax. Usually there is more than one option. Consequently some customers will use all three; submit the information online, by fax (repeatedly) and mail. This duplication creates an unnecessary strain on resources.

Customers need to understand when they don't need to act. Most communication contains a statement about the applicant's right to appeal. This confuses some applicants. They think they are expected to appeal. They receive a notice telling them that everything is in order, they will receive benefits, and there are no problems. But they still ask the question, "Why do I need to appeal?" Or worse, they file an appeal.

After completing an application applicants are mailed a “Determination of Benefit Account” (see attachment). This notice includes the applicant’s weekly benefit amount, maximum benefit amount, benefit year and details of the applicant’s employment. Many applicants find the document confusing. Language is programmatic, concepts and terms are foreign.

The applicant’s employer(s) are mailed a similar “Determination of Benefit Account” (see attachment). Employers are asked to insure that wages were properly reported and are instructed on how to raise an issue of eligibility regarding the applicant. The applicant’s weekly and maximum benefit amounts are determined based on the reported wages. Errors need to be corrected quickly to avoid overpayments. When the employer waits because they do not understand the need to raise an issue quickly, the applicant receives payment in error and an overpayment occurs.

Any employer who has been notified that an applicant has filed for benefits may raise an issue (challenge eligibility) by logging into their online account (see attachment). The process is similar to when the applicant applies for benefits. The employer is presented with a series of questions which depending on their responses lead to more probing questions. The process is intended to facilitate obtaining complete and accurate information so staff can make a timely (quick) determination. However many employers have difficulty managing the “raise an issue” process. As a result they are either late in raising the issue (resulting in an overpayment) or inadvertently they file an appeal; both cause a delay that potentially results in an overpayment and inefficient use of resources.

The accuracy of information received from the customer is critical. The reporting of weekly earnings by an applicant has been especially problematic. Communicating what money needs to be reported and when can be challenging. Applicants can work part time and received partial benefits. Some payments are reportable others are not. Report the gross, not the net. Generally report income when earned not when received. The reporting period is from Sunday through Saturday. Inaccurate reporting is detrimental to the program and the customer.

In order to receive benefits the applicant must request benefit payments each week they are unemployed. During the request process applicants are required to answer questions similar to the screening questions used during the application; but now the questions are related to a single week. Applicants find this process difficult. Frequently they overlook the need to report earnings and hours worked and they re-report information that they already provided. Applicants misunderstand how to correctly report earnings; they frequently report net instead of gross and report for the week paid instead of the week earned.

Incorrect, insufficient or inconsistent information leads to wrong decisions and rebuttal (appeals). Wrong decisions impair program performance, impact the customer, and strain resources. Consequences include increased phone calls, delayed decisions and increased customer anxiety. Improving communication will reduce customer anxiety, allowing applicants to focus on their work search, employers to focus on their business and staff to focus on value-added activities.

## Methodology

The selected vendor will evaluate, redesign and rewrite 20 notices sent to customers and all questionnaires.

The notices to be rewritten will be selected by UI staff. Notices are generally 1 to 4 pages. Examples include the “Determination of Benefit Account” notices sent to applicants and employers or the correspondence sent to new employers when they register (see attachments). The vendor may be asked to rewrite additional notices beyond the 20 (contract modifications to be negotiated).

There are over 40 different categories of questionnaires with up to 480 different variations. Questionnaires range from 1 to 4 pages in length with an average of 5 to 15 questions. Questions are generally not wordy or complex; many may be acceptable as is or require only minor changes. Questionnaires must be effective online and on paper.

Methodology will follow a process of analysis, design then develop. The vendor will first identify user, business and language requirements. The redesign and rewrite will not begin until this analysis is complete and requirements have been identified and approved by the Project Coordinator.

The initial evaluation will focus on the 20 notices and the following questionnaires:

- Reporting earnings (applicant)
- Raising an issue (employer)
- Quits (applicant and employer)
- Discharges (applicant and employer)

The evaluation must include usability testing with real users; preferably real users conducting real business. Experience with previous evaluations has demonstrated there is significant value in this approach. Scenario based testing should only be considered if it is determined by UI staff that recruiting customers conducting real business is not possible.

UI Staff will work with the selected vendor in coordinating the usability testing, including identifying and scheduling test participants. Workers affected by a mass layoff are one source; alternatively test subjects could be recruited through Minnesota Workforce Centers. Employers and employer agents registered with UI could be contacted directly. The challenge is that many conditions have to align. Customers have to be identified who need to conduct that particular business at the time of the testing.

Customers participating in evaluation activities will be provided an honorarium. Payment is to be provided by the vendor. Cost proposals need to include a budget for this expense.

For the purpose of this Request for Proposals the following activities are suggested. Changes in strategies may be required during the project but should be within this scope (if there is a material increase in scope, contract modifications will be negotiated). Proposals need to describe the vendor’s recommended strategy for conducting the evaluation.

## Notices

Paper copies of the notices will be used for the evaluation. Proposals need to describe the vendor's strategy for evaluating the readability, functionality and effectiveness of the notices. Changes need to be evaluated before implementing. Communication is to a very diverse audience. Language has to be understandable by a broad customer base. Consequently the evaluation will need to be broad in scope. (It should be noted that the focus of this effort is on the English versions of our correspondence. However, for many of our customers English is a second language.)

## Reporting earnings (applicant)

Test 20 applicants requesting benefit payment who need to report earnings; recruit through Workforce Centers.

## Raising an issue (employer)

Test 20 employers who need to raise an issue. Conduct interviews, focus groups or surveys with employers and employer agents who have recently used the raise and issue function.

## Quits, Discharges and Separation Pay (applicant)

Test 30 applicants (10 quits, 10 discharge, 10 separation pay) applying for benefits; recruit through Workforce Centers.

## Quits, Discharges and Separation Pay (employer)

Conduct interviews, focus groups or surveys with employers and employer agents who have recently responded to quit, discharge and separation pay questionnaires.

Once the evaluation is complete the vendor will create a Requirements Report summarizing the evaluation and defining business and user requirements. Requirements will be presented to the UI Project Team. The vendor will work with the team to refine the requirements before proceeding with the work.

Once the requirements report has been approved the vendor will redesign and rewrite the 20 notices and questionnaires included in the initial evaluation. Language is frequently governed by policy or statute. Information collected from the customer has to meet the business needs of the program. Currently some information is collected that is unnecessary, alternatively there is information not collected that should be. Consequently coordination with UI staff is critical to insure requirements are met and finished products meet the needs of the program. Additionally the vendor is expected to verify the usability and effectiveness of the finished products. This will require a final user evaluation. Proposals need to describe how the vendor will meet these requirements and their strategy for the redesign and rewrite.

Upon completion of this initial effort the vendor will submit a report summarizing the initiative along with a plan for proceeding with the remainder of the project. It is expected that the lessons learned in the evaluation and initial redesign and rewrite will inform the remainder of the work. In preparing this report the vendor will collaborate

with project staff. After the report is complete the vendor will present their findings at a meeting with UI leadership.

The vendor will continue the work on rewriting the questionnaires. Throughout the effort the vendor will seek input from customers and UI staff. While the initial evaluation will inform the overall effort, each group of questionnaires contains unique language. Evaluation strategies can be low intensity; full scale usability testing is not necessary. However some type of ongoing evaluation is necessary to insure the quality of the products. Proposals need to describe the vendor's strategy for soliciting user and staff input.

All work needs to be reviewed by UI staff to insure it meets program requirements. The vendor will submit work to the Project Coordinator for review and will edit based on recommendations.

By the end of the project the vendor will have accumulated considerable knowledge specific to the UI program. The vendor will create a "UI Communication and Language" guide. The guide will include recommendations for effective communication in the UI program. The focus will be on specific observations and suggestions related to UI. Not a generic language or writing guide.

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## **Project Deliverables**

The vendor is responsible for the following in the redesign and rewrite of correspondence used in administering the UI program. Satisfactory completion of each activity must be approved by the Project Coordinator.

### Activity Planning

Meet with project staff at the beginning of each activity to plan the activity.  
Communicate with project staff throughout the project as needed.

### Activity Reporting

Meet with project staff after each milestone to evaluate progress and to discuss findings. Communicate with project staff throughout the project as needed.

### Project Implementation Plan

During project initiation the vendor will meet with UI project staff to finalize the project strategy, methodologies, roles and responsibilities. This is not an additional project negotiation. Project methodology and deliverables will follow what was previously agreed upon in the contract (if there is a material increase in scope, contract modifications will be negotiated). This is an effort to work out the details. Upon completion of this meeting the vendor will submit a written summary of the plan to the Project Coordinator.

### Requirements Report

The vendor will submit a written report defining business and user requirements. Work will not begin on redesigning or rewriting until requirements have been identified. Requirements will be reviewed by project staff and edited by the

vendor based on recommendations before proceeding. The report will include the following:

- Overview
- General observations
- Usability Evaluation
- Business Requirements
- User Requirements
- Plain Language Analysis

### Summary Report

Upon completion of the rewrite of the 20 notices and initial questionnaires the vendor will submit a report summarizing the initiative along with a plan for proceeding with the remainder of the project. After submitting the report to the Project Coordinator the vendor will facilitate a meeting with UI leadership to review the effort and plan to proceed with the remainder of the project.

### Questionnaires

The vendor will produce redesigned and rewritten questionnaires that meet program requirements and are usable, readable and effective at gathering information from the customer.

### Notices

The vendor will produce redesigned and rewritten notices that meet program requirements and are usable, readable and effective at providing information to the customer.

### “UI Communication and Language” guide

The vendor will produce a detailed summary report of the lessons learned in UI communications. The vendor will present the guide and a summary of the project in two meetings with UI staff.

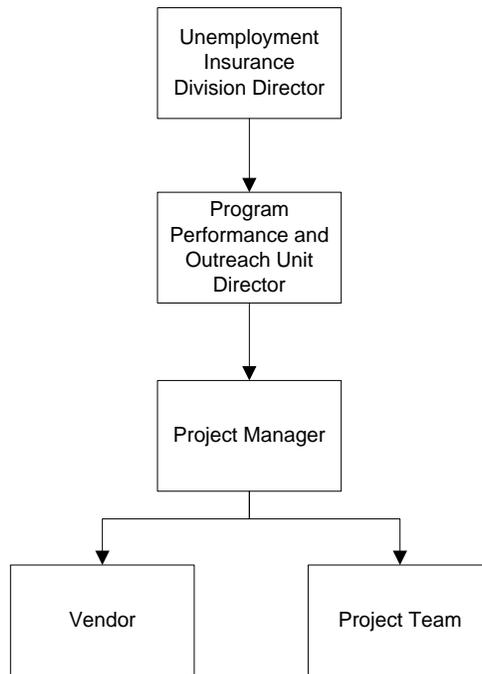
### **Project Milestones and Schedule (tentative)**

<u>Milestones</u>	<u>Schedule</u>
Project Start Date:	11/15/2010
Project Planning & Initiation	12/1/2010
Evaluation and Analysis	1/15/2011
Stage 1 Rewrite (20 notices, 4 questionnaires)	2/15/2011
Stage 2 Rewrite (remaining questionnaires)	4/15/2011

### **Project Environment (State Resources)**

Staff descriptions:

- a) Number of people on the project: 5 - 8
- b) Project Coordinator Name: Kevin McDowell
- c) Basic organizational structure (organizational chart) of the project



- d) Staff proficiency and experience (with methodology, tools, etc.)
- User centered design methodologies
  - UI measures and metrics
  - Project management
  - Plain language

Current support structures in place (e.g. hardware/ software applications, training group, tools, etc.), especially those with which the vendor might have to interface or integrate:

- UI Employer and Applicant Self Service System

### **Agency Project Requirements**

The vendor working on this project is required to comply will state data practice laws (Minn. Stat. § 13, and Minn. Rules § 1205).

The vendor will comply with accessibility standards as outlined in MN Statute 16E.03 Paragraph 9 and section 508 of the Rehabilitation Act, United States Code, title 29, section 794d, as amended by the Workforce Investment Act of 1998, Public Law 105-220, August 7, 1998, and the Web Content Accessibility Guidelines, 2.0.

The vendor must be physically available on site (Minnesota Twin Cities Area) for activities that require interaction with UI customers and staff.

Meeting and interview rooms are available for use at Department Headquarters in downtown Saint Paul, MN and in Saint Cloud, Minnesota. Workspace for vendor staff will not be provided.

## **Responsibilities Expected of the Selected Vendor**

### Planning

- Meet with Project Team to finalize the methodology and process
- Provide professional guidance in planning the project that insure that the final product meets expectations
- Insure that methodologies and processes are appropriate, achievable and meaningful

### Usability Testing

- Determine appropriate demographics and participant profiles
- Plan and coordinate the test schedule
- Develop recruitment, scheduling and screening materials
- Contact potential participants from the list provided by the Project Team, screen for qualifications and schedule testing
- Provide the necessary equipment to conduct the testing
- Set up the test environment (facilities, room, table, chairs, etc.) contusive to testing and observation
- Accommodate UI Staff who will observe the testing
- Provide payment of honorarium to participants
- Conduct usability tests according to generally accepted industry practice and agreed upon methodology
- Record test results for analysis
- Debrief with UI staff observers after each session

### Analysis

- Analyze data
- Identify key issues
- Identify solutions
- Draft specific recommendations

### Reporting

- Communicate with UI staff throughout the project
- Actively solicit input from UI staff
- Create professional written reports

### Other Responsibilities

- Responders are encouraged to propose additional tasks or activities they believe would improve the project; however, significant variations or additions must be listed separately from the required items on the cost proposal
- This Statement of Work does not obligate the state to award a contract or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest

## **Required Skills (These are first scored as pass/fail requirements, if all requirements are addressed responses will be further evaluated)**

- Technical, business and legal writing (70 points)
- Questionnaire development (70 points)

- Web design (70 points)
- Plain language standards (70 points)
- User centered design (70 points)

## Process Schedule

Deadline for questions	10/25/2010, 4:00 pm Central Time
Proposals due	10/29/2010, 2:30 pm Central Time
Anticipated proposal evaluation begins	11/1/2010, 9:00 am Central Time
Anticipated proposal evaluation & decision	11/12/2010, 2:00 pm Central Time

## Questions

Any questions regarding this Statement of Work should be submitted via mail or e-mail by 10/25/2010, 4:00 pm Central Time:

Kevin McDowell, Project Coordinator  
 Dept of Employment and Economic Development  
 First National Bank Building, Suite E200  
 332 Minnesota Street  
 St. Paul MN 55101

Email: Kevin.McDowell@state.mn.us  
 Phone: (651)259-7307

## SOW Evaluation Process

Responses will be evaluated on “best value” (1000 possible points):

- 35% (percent): Qualifications (350 pts)  
 See “Required Skills” for distribution of points.
- 30% (percent): Price (300 pts)  
 Best price receives 100% of the points; all other proposals receive points relative to the best price proposal.
- 20% (percent): Project Plan (200 pts)  
 Vendor’s plan to complete the project.
- 7.5% (percent): Time to complete (75 pts)  
 Proposed timelines reflect the vendor’s best case scenario for achieving the project objectives.
- 7.5% (percent): References (75 pts)  
 Three references, each worth 25 pts.

All responses received by the due date and time will be considered. Late responses will not be considered.

Proposals will be reviewed and scored by UI staff. The proposals with the highest

scores will be reviewed by project management for final selection. At the discretion of project management vendors may be interviewed in making the final selection.

## Response Requirements

Three (3) original copies of the proposal (loose bound)

One (1) original copy of the price bid and target group status, sealed in a separate envelope (do not include with proposals)

Conflict of interest statement as it relates to this project

Required forms to be returned or additional provisions that must be included in proposal

- a) Affirmative Action Certificate of Compliance (if over \$100,000)  
<http://www.mmd.admin.state.mn.us/doc/affaction.doc>
- b) Affidavit of non-collusion  
<http://www.mmd.admin.state.mn.us/doc/noncollusion.doc>
- c) Immigration Status Certification (if over \$50,000)  
<http://www.mmd.admin.state.mn.us/doc/immstatcert.doc>
- d) Location of Service Disclosure  
[http://www.mmd.admin.state.mn.us/Doc/ForeignOutsourcingDisclosureCertificati  
on.doc](http://www.mmd.admin.state.mn.us/Doc/ForeignOutsourcingDisclosureCertificati<br/>on.doc)
- e) Certification Regarding Lobbying  
<http://www.mmd.admin.state.mn.us/doc/lobbying.doc>
- f) Veteran-Owned/Service Disabled Veteran-Owned Preference Form  
<http://www.mmd.admin.state.mn.us/doc/vetpref.doc>

## Proposal Format and Content

### Cover Page:

[Date]

[Company name and contact information]

[Title] **“UI Correspondence Rewrite Project”**

To: Kevin McDowell, Project Coordinator

Minnesota Department of Employment and Economic Development

First National Bank Building, Suite E200

332 Minnesota Street

St. Paul, MN 55101

From: [Company representative, title and contact information]

### Qualifications:

- Description of the organization

### Key Personnel

- Knowledge and experience in each required skill
- Experience working on similar initiatives

- Education
- Accomplishments
- Role in this project

Project Plan:

Describe methodologies and strategy to complete project objectives and meet project requirements.

Timeline:

<u>Milestones</u>	<u>Schedule</u>	<u>Deliverables</u>
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References (3):

- Contact Name
- Company Name
- Location
- Phone
- Email
- Relationship
- Describe the services provided

Cost Proposal: (submit separate from the Project Proposal)

Include the following:

Total Project Cost

Cost break down

Project planning  
 Evaluation  
 Notices redesign and rewrite  
 Questionnaires redesign and rewrite  
 Honorarium

**Proposal Submission Instructions**

All responses must be in writing and delivered to:

Kevin McDowell, Project Coordinator  
 Dept of Employment and Economic Development  
 First National Bank Building, Suite E200  
 332 Minnesota Street  
 St. Paul MN 55101

All proposals must be received not later than 2:30 p.m., Central Time, 10/29, 2010. DEED, Attn: Kevin McDowell, First National Bank Building, 332 Minnesota Street, Suite E200, St. Paul MN 55101. **Late responses will not be considered.**

## **General Requirements**

### **Proposal Contents**

By submission of a proposal, Responder warrants that the information provided is true, correct and reliable for purposes of evaluation for potential award of this work order. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the responder to suspension or debarment proceedings as well as other remedies available by law.

### **Liability**

#### **Indemnification and Hold Harmless**

The Contractor must indemnify, save, and hold the State, its agents, and employees harmless from any claims or causes of action, including attorney's fees incurred by the State, arising from the performance of this contract by the Contractor or the Contractor's agents or employees. This clause will not be construed to bar any legal remedies the Contractor may have for the State's failure to fulfill its obligations under this contract.

#### **Disposition of Responses**

All materials submitted in response to this SOW will become property of the State and will become public record in accordance with Minnesota Statutes, section 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the government entity has completed negotiating the contract with the selected vendor. If the Responder submits information in response to this SOW that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minn. Stat. § 13.37, the Responder must: clearly mark all trade secret materials in its response at the time the response is submitted, include a statement with its response justifying the trade secret designation for each item, and defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State's award of a contract. In submitting a response to this RFP, the Responder agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

The State will not consider the prices submitted by the Responder to be proprietary or trade secret materials.

#### **Conflicts of Interest**

Responder must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals. The list should indicate the name of the entity, the relationship, and a discussion of the conflict.

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor's objectivity in performing the contract work is or might be

otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Assistant Director of the Department of Administration's Materials Management Division ("MMD") which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to MMD, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor," and "contracting officer" modified appropriately to preserve the State's rights.

### **Preference to Targeted Group and Economically Disadvantaged Business and Individuals**

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal. Eligible TG businesses must be currently certified by the Materials Management Division prior to the solicitation opening date and time. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at [mmdhelp.line@state.mn.us](mailto:mmdhelp.line@state.mn.us). For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

### **VETERAN-OWNED PREFERENCE.**

In accordance with Minn. Stat. § 16C.16, Subd. 6c and § 16C.19, eligible certified veteran-owned small businesses will receive a 6 percent preference on the basis of award for this RFB. The preference is applied only to the first \$500,000 of the response.

Eligible veteran-owned small businesses should complete the Veteran-Owned Preference Form in this solicitation. Only eligible and certified, veteran-owned small businesses that provide the required form, will be given the preference.

Eligible veteran-owned small businesses are certified small businesses of which the principal place of business is in Minnesota and that are majority-owned and operated by a veteran and are certified by the United States Department of Veterans Affairs as a veteran-owned small business.

Eligible veteran-owned small businesses must be **currently** (at the time of solicitation due date) certified by the U.S. Department of Veterans Affairs prior to the solicitation opening date and time to receive the preference.

Information regarding certification by the United States Department of Veterans Affairs may be found at <http://www.vip.vetbiz.gov> .

**Foreign Outsourcing of Work Prohibited**

All services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision also applies to work performed by subcontractors at all tiers.

Statement of Work does not obligate the state to award a work order or complete the assignment, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest. The Agency reserves the right to reject any and all proposals.

## VETERAN-OWNED PREFERENCE FORM

In accordance with Minn. Stat. § 16C.16, Subd. 6c and § 16C.19, eligible certified veteran-owned small businesses will receive a 6 percent preference on the basis of award for this RFB. The preference is applied only to the first \$500,000 of the response.

Eligible veteran-owned small businesses are certified small businesses of which the principal place of business is in Minnesota and that are majority-owned and operated by a veteran and are certified by the United States Department of Veterans Affairs as a veteran-owned small business

Check this box if you are claiming the veteran's preference. Provide a screen print of the Department of Veterans Affairs website showing you are certified.

Eligible veteran-owned small businesses must be **currently** certified by the U.S. Department of Veterans Affairs prior to the solicitation opening date and time to receive the preference.

Information regarding certification by the United States Department of Veterans Affairs may be found at <http://www.vip.vetbiz.gov> .

Provide this form with your response. If you do not return this form with the box checked, you will not be considered for this preference.



Unemployment Insurance  
*Minnesota*

Document ID: 102598133



102598133

TAX SERVICES INC  
PO BOX 283  
SAINT PAUL MN 55123-4567

06/24/2009

Employer Account Number: 12345678  
SSN: 123-45-6789

### D e t e r m i n a t i o n   o f   B e n e f i t   A c c o u n t

JAMES M NELSON has applied for unemployment benefits. You are an employer that the applicant worked for during the applicant's base period. This determination informs you that the account has been filed and gives you an opportunity to: Raise an Issue of Ineligibility, Correct Base Period Wages, and/or Appeal the Coverage of this Employment. Instructions for each are below.

#### Applicant's Benefit Account Information

Applicant's SSN:	123456789
Applicant's Base Period:	01/01/2008 through 12/31/2008
Total Wages you paid to the Applicant during the Base Period:	\$10,375.32
Total Wages paid to the Applicant during the Base Period:	\$18,719.76
Amount of Benefits the Applicant can receive per week if eligible:	\$240.00
Total Amount Applicant can receive over the next 52 weeks if eligible:	\$6,239.00

#### Effect on Your Unemployment Insurance Account

You paid 55.42% of the Applicant's total base period wages. Consequently, an amount equal to 55.42% of the total benefits paid will be included in the calculation of your unemployment insurance experience rating. As a result, your overall unemployment insurance tax rate may increase.

#### To Raise an Issue of Ineligibility or other issue

Information shows the applicant separated for reasons other than "lack of work". A questionnaire will be provided to you through your on-line account or through the mail regarding this separation. To report wages paid for work after 12/31/2008 or any other payment(s), please access your on-line account at [www.uimn.org](http://www.uimn.org).

Go online to [www.uimn.org](http://www.uimn.org) and log in to your account. Select *Determinations and Issue Summary*, find and select this applicant and this notice, then follow the prompts to Raise an Issue. Failure to raise an issue of ineligibility **within ten calendar days** of the date of this notice may affect your account.

Page 1 of 2

Document Number: B3000-002

Department of Employment and Economic Development  
P.O. Box 75576 | Saint Paul, MN 55175-0576 USA  
651-296-6141 | Fax: 651-205-4007 | TTY: Toll Free: 1-866-814-1252 | [www.uimn.org](http://www.uimn.org)  
*An equal opportunity employer and service provider*



# Unemployment Insurance Minnesota

Document ID: 102598133

Examples of issues that may be raised are:

- The Applicant is unemployed for reasons other than lack of work (layoff), e.g., quit or discharged.
- The applicant is still working, full or part-time.
- The applicant has refused employment or is on strike.
- The applicant is receiving a pension, severance pay or some other kind of payment from you.
- The applicant is not able to work or not available for suitable employment.
- The wages are from recreational or tourist industry employment available less than 15 weeks per year.
- 25% or more of employees, including this applicant, are unemployed due to a disaster or condemnation of property.

If you do not have access to the Internet, you can raise an issue by fax or mail. Mail or fax your reason for raising an issue to the address or fax number on the bottom of this page. Include a copy of the front page of this notice with your mailing or use it as the cover sheet if you fax.

## To Correct Base Period Wages

The wages listed are what you reported on your quarterly wage detail report. If the wages are incorrect, log in to your online account at [www.uimn.org](http://www.uimn.org), select *Tax and Wage Detail Reporting* and then *Adjustment*. Follow the prompts to make the correction. Changes you make may require that you pay additional unemployment insurance taxes.

## Appealing Coverage of Employment

You should appeal this determination if the work JAMES M NELSON performed is not covered employment under Minnesota Statute 268.035 subd. 12. This determination will become final unless an appeal is filed by Wednesday, July 15, 2009. The "filed" date is the postmark date, if mailed, or the date received by the Unemployment Insurance Program, if sent by fax or internet. To file an appeal through your online account, go to [www.uimn.org](http://www.uimn.org) and log in to your account. Select *Determinations and Issue Summary*, find and select this determination, then follow the prompts to "File an Appeal". If you do not have Internet access, you can file an appeal by fax or mail. Fax or mail a copy of the first page of this determination, along with a short statement on why you are filing an appeal, to the fax number or address listed on the bottom of this page.



Unemployment Insurance  
*Minnesota*

Document ID: 106521470



106521470

06/24/2009

ANNA A ANDERSON  
1234 MAIN ST  
CAMBRIDGE MN 55008-1234

**D e t e r m i n a t i o n   o f   B e n e f i t s   A c c o u n t**

Account Date: 06/21/2009

You recently submitted an application for Unemployment Benefits.

Listed below are your base period wages and employer(s) according to our records. These wages were used to calculate your Weekly and Maximum Unemployment Benefit Amounts. The amounts listed are based on wages paid during the base period: 01/01/2008 to 12/31/2008.

Weekly Benefit Amount: **\$186.00**

Maximum Benefit Amount available during your benefit year: **\$3,589.00**

Effective from **06/21/2009** through **06/19/2010**

Base Period Wages					
Employer Name	Jan-Mar 2008	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Total gross wages paid
ACME STAFFING SOLUTIONS INC	\$4,849.70	\$60.00	-	-	\$4,909.70
VFW POST 1234 CLUB ACCT	-	\$2,318.14	\$3,542.10	-	\$5,860.24
<b>Totals:</b>	<b>\$4,849.70</b>	<b>\$2,378.14</b>	<b>\$3,542.10</b>	<b>\$0.00</b>	<b>\$10,769.94</b>

There is an eligibility issue related to your account that could potentially prevent you from receiving the benefits shown on this document. Please log into your on-line benefit account at [www.uimn.org](http://www.uimn.org) to receive additional information on the status of this issue.

Further instructions and explanations are listed on the additional information page of this determination.



Unemployment Insurance  
*Minnesota*

Document ID: 106521470

**Right of Appeal**

This determination will become final unless an appeal is filed by Tuesday, July 14, 2009. The 'filed' date is the postmark date, if mailed, or the date received by the Department, if sent by fax or internet. The recommended method for filing an appeal is by internet. You can do so by logging into your account at [www.uimn.org](http://www.uimn.org) and following the prompts. If filing by fax or mail please send this determination, or a photocopy, along with a short statement explaining why you are filing the appeal to the fax number or address listed below.

If you are correcting base period wages or employers, you do not need to file an appeal. Complete and return the enclosed Wage and Employer Correct Sheet.

Note: If unemployed, you must continue to request benefits each week that any appeal is pending.



# Unemployment Insurance Minnesota

Document ID: 106521470

## Determination of Benefit Account Additional Information

**Account Date:** The Sunday of the calendar week in which your application was submitted. You cannot be paid on this account for any weeks before the account date.

**Benefit Year:** The one year period following your account date. You can only have one benefit account each year.

**Weekly Unemployment Benefit Amount:** The weekly amount that you can be paid during your benefit year. You must be unemployed and eligible for benefits. To learn how your weekly unemployment benefit amount was calculated, refer to the Unemployment Insurance Information and Instruction Handbook (at [www.uimn.org](http://www.uimn.org)).

**Maximum Unemployment Benefit Amount:** The total amount of unemployment benefits that you can be paid on this account. To learn how your weekly unemployment benefit amount was calculated, refer to the Unemployment Insurance Information and Instruction Handbook (at [www.uimn.org](http://www.uimn.org)).

**Base Period:** The one-year period of earnings used to determine your benefit amounts. It is the first four of the last five completed calendar quarters before you applied for benefits.

If your account Date is between these dates:	Your base period is:
January 1 - March 31	October 1 - September 30
April 1 - June 30	January 1 - December 31
July 1 - September 30	April 1 - March 31
October 1 - December 31	July 1 - June 30

**Note:** In special circumstances an Applicant will receive an alternate or extended base period.

**Alternate Base Period:** Last four completed quarters. An alternate base period is only used if an Applicant has received wage loss payments and cannot use an extended base period or if there are insufficient wages in the regular base period.

**Extended Base Period:** Begins up to four quarters before the regular base period. An extended base period is used when an Applicant has received wage loss payments such as worker's compensation. The beginning of the base period depends upon the length of the wage loss payments.

If you have questions about this determination, contact the Customer Service Center at the telephone number below. For more information regarding benefit calculations, ongoing eligibility



Unemployment Insurance  
*Minnesota*

Document ID: 106521470

requirements, and when to expect payment, refer to your Unemployment Insurance Information and Instruction Handbook (at [www.uimn.org](http://www.uimn.org)).

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Document Number: B3000-001

Department of Employment and Economic Development  
P.O. Box 75576 | Saint Paul, MN 55175-0576 | USA  
651-296-3644 | Toll free 1-877-898-9090 | Fax: 651-205-4007 | TTY: Toll free: 1-866-814-1252 | [www.uimn.org](http://www.uimn.org)  
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**Unemployment Insurance**  
*Minnesota*

Document ID: 5267548



5267548

ABC TREE SERVICE  
123 GREEN ASH RD  
OAKTON MN 56789-5406

04/08/2009

Employer Account Number  
01234567**D e t e r m i n a t i o n   o f   C o v e r e d   E m p l o y e r   S t a t u s**

Effective 04/07/2009 you are an employer subject to Minnesota Unemployment Insurance (UI) Law. You must submit quarterly wage detail reports and pay UI taxes on the wages paid to each of your employees. This is confirmation of successful registration and covered employer determination.

Employer Account Number: 01234567  
Reporting Type: Tax Paying

Information about your UI Tax Rate(s) and other assessments and fees are attached to this notice.

**ACCOUNT PASSWORD**

Your account has been assigned the following User ID and Password:

User ID: rjonsr00  
Password: cwnlqgxn**QUARTERLY WAGE DETAIL REPORT INFORMATION**

You must submit quarterly wage detail reports. Go to the Minnesota UI website ([www.uimn.org](http://www.uimn.org)) for details about submitting these reports. The due date of the next wage detail report is: 07/31/2009.

Quarterly wage detail reports are due 30 days after the end of each calendar quarter. Reports submitted after the due date may be subject to late fees and interest on any UI tax due.

**RIGHT OF APPEAL**

This determination will become final unless an appeal is filed by Tuesday, April 28, 2009. The 'filed' date is the postmark date, if mailed, or the date received by the Department, if sent by fax or internet. The recommended method for filing an appeal is by internet. You can do so by logging into your account at [www.uimn.org](http://www.uimn.org) and following the prompts. If filing by fax or mail, please send this determination, or a photocopy, along with a short statement explaining why you are filing the appeal to the fax number or address listed below.

Page 1 of 2

Document Number: 100-003

Department of Employment and Economic Development  
332 Minnesota St | Saint Paul, MN 55101-1351 USA  
Phone: 651-296-6141 | Fax: 651-297-5283 | TTY: Toll Free: 1-866-814-1252 | [www.uimn.org](http://www.uimn.org)  
*An equal opportunity employer and service provider*



# Unemployment Insurance Minnesota

Document ID: 5267548

## 2009 Unemployment Insurance (UI) Tax Rate Notice

Your 2009 UI Tax Rate before Additional Assessment is: 1.94% . It is one of several components used to determine your total amount due once you have submitted your quarterly Wage Detail Report. This rate is computed in accordance with MN Statute 268.051, as follows:

Tax Rate for New Employers ( 1.54% )	+	Base Tax Rate ( 0.40% )	=	UI Tax Rate before Additional Assessment
---	---	----------------------------	---	---

### TAX RATE FOR NEW EMPLOYERS

Under MN Statute 268.051, subd. 5, there are only two "new" employer tax rates: a rate which is the computed average rate of all employers and a rate of 8.0000% which is assigned to employers in a "high experience rating industry". If you were assigned a tax rate of 8.0000% , you have been determined to be in a high experience rating industry.

For 2009 , the first \$26,000.00 paid to each employee is taxed at your UI Tax Rate. An Additional Assessment of 14.00% is added to equal your UI Taxes Due.

In addition, a Federal Loan Interest Assessment of 0.00% of your UI Taxes Due and a Workforce Enhancement Fee of 0.10% of your 2009 taxable wages are assessed.

The Additional Assessment, the Federal Loan Interest Assessment, and the Workforce Enhancement Fee are applied to all Minnesota employers under MN Statutes 268.051 and 116L.20.

### TOTAL DUE ESTIMATOR

You can estimate the total amount that will become due by multiplying your estimated taxable wages by 2.311600% . This number is a "roll-up" of your UI tax rate, the assessments and fees. This number will give you a result very near your actual costs. You can find an online aid at: [www.uimn.org](http://www.uimn.org). Select the "Forecast Annual Taxes Due" option.

### RIGHT OF APPEAL

This determination will become final unless an appeal is filed by Tuesday, April 28, 2009. The 'filed' date is the postmark date, if mailed, or the date received by the Department, if sent by fax or internet. The recommended method for filing an appeal is by internet. You can do so by logging into your account at [www.uimn.org](http://www.uimn.org) and following the prompts. If filing by fax or mail, please send this determination, or a photocopy, along with a short statement explaining why you are filing the appeal to the fax number or address listed below.

### Employer Home Page – New Functionality

**Employer Home Page – New Functionality**

Employer Self-Service | Log Off

Employer Home  
FAQ/Contact Us

Account Maintenance  
Benefits Paid Charge Activities  
Correspondence Preferences  
Determinations and Issue Summary  
Payment Information  
Tax and Wage Detail Reporting  
User Maintenance  
Workflow History  
Change Employer  
Leave Employer

Change Password  
Log Off

**Employer Information**  
Employer Account Number: \_\_\_\_\_ Employee Name: \_\_\_\_\_

**Workflow - My Inbox**  
View Inbox

**Employer Home**  
FAQ/Contact Us - Review frequently asked questions (FAQs) for the UI program or UI system. Submit inquiries if the FAQs do not answer your question. UI Staff will review and initiate an online response to an Employer's inbox.  
Account Maintenance - Maintain account information, including changing legal name, mailing addresses, owners/officers, reporting units, or reporting status. View the most recent Tax Rate Notice, authorize Agents, or initiate acquisitions/mergers.  
Correspondence - Search for Correspondence.  
Determinations and Issue Summary - View and Maintain Benefit Determinations and Account Notices by due date (or search/filter), this includes Wage Requests, Eligibility Determinations and Appeal Decisions. Raise eligibility issues; complete pending eligibility issue questionnaires; file an appeal; or maintain a pending appeal (i.e., update telephone numbers or add witness).  
Tax and Wage Detail Reporting - Submit original and delinquent wage detail reports; adjust previous wage detail submissions; view historical wage detail report information and calculations; and track wage detail submissions.  
Workflow History - The workflow provides access to all active workflow items related to an employer, corresponding documents, and workflow re-assignment history.

**Benefits Paid Charge Activities** - View Benefits Paid charges by calendar year and quarterly summaries, applicant detail summaries, and individual applicant transaction details. Additional information includes fiscal year summaries with tax rate buydown and/or merger-acquisition details related to benefits paid charges.

**Correspondence Preferences** - Change Correspondence Delivery Method from paper to online or online to paper.

**Payment Information** - Make payments, view account summary, pending payments, processed or cancelled payments, taxable wages, and FUTA credit information.

**User Maintenance** - Assign or update user access to Employer account information.

**New security roles may need to be assigned to use the new functionality...**

### Search: Determinations, Issues and Account Notices

View – Raise An Issue – Appeal

**Search - Determinations, Issues and Account Notices**

The **Action Items - Search Results** section contains a list of items that require your attention. They are displayed in order by due date.

- Enter additional search criteria to view pending issues, past determinations, decisions and account notices.
- To add/update information for an appeal hearing, including witness and legal representation information, search for Pending First Level Appeal items.

**View Search Tips**

Social Security Number: \_\_\_\_\_ Last Name: \_\_\_\_\_

Item: **Select One** Issue Type: **Select One**

Amended Determination of Benefit Account  
Benefit Account Notice  
Determination of Benefit Account  
Determination of Eligibility  
First Level Appeal Decision  
First Level Appeal Dismissal  
Pending Eligibility Issue  
Pending First Level Appeal  
Pending Request for Reconsideration  
Questionnaire  
Reactivation Notice  
Request for Reconsideration Decision  
Request for Reconsideration Dismissal  
Request for Wage Information

Benefit Account Filed  
Benefit Account Reactivated  
Deductible Income  
Discharge  
Employer  
Leave of Absence  
Monetary  
Other  
Quit  
Strike  
Suspension

SSN	Last Name	First Name	Unit	Item	Issue Type	Date
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### Search: Determinations, Issues and Account Notices

View – Raise An Issue – Appeal

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- To add/update information for an appeal hearing, including witness and legal representation information, search for Pending First Level Appeal items.

**View Search Tips**

Social Security Number: \_\_\_\_\_ Last Name: \_\_\_\_\_

Item: **Select One** Issue Type: **Select One**

Date Range: \_\_\_\_\_ to \_\_\_\_\_

Employer Reporting Unit Number: \_\_\_\_\_

**Action Items - Search Results**

**IMPORTANT:** Failure to respond by the date displayed below may affect your tax account.

To **Raise an Issue**, select the SSN of the applicant for one of the following items:

- Determination of Benefit Account
- Benefit Account Notice, or
- Reactivation Notice

SSN	Last Name	First Name	Unit	Item	Issue Type	Date
402547356	Cooper	John	0001	Questionnaire	Quit	Reply by: 02/12/2007
402547356	Cooper	John	0001	Request for Wage Information	Monetary	Review by: 02/12/2007
401927981	Nash	Kevin	0001	Determination of Benefit Account	Monetary	Review by: 02/12/2007
222669999	Cassidy	Butch	0001	Notice of Benefit Account	Benefit Account filed	Review by: 02/13/2007
401653897	Smith	Susan	0001	Reactivation Notice	Benefit Account Reactivated	Review by: 02/13/2007
324876542	Smith	Jenny	0002	Pending Eligibility Issue	Discharge	Estimated Completion: 02/13/2007
324976542	Smith	Jenny	0002	Determination of Eligibility	Leave of Absence	Estimated Completion: 02/14/2007
401653897	Smith	Susan	0004	Pending First Level Appeal	Discharge	Estimated Completion: 02/14/2007
401653897	Smith	Susan	0004	First Level Appeal Decision	Quit	Becomes final: 02/15/2007
222669999	Cassidy	Butch	0001	Pending Request for Reconsideration	Discharge	Estimated Completion: 02/15/2007
222669999	Cassidy	Butch	0001	Request for Reconsideration Decision	Deductible Income - Severance	Becomes final: 02/15/2007

## Raise An Issue

### Benefit Account Information

This section contains information regarding this applicant's unemployment benefit account. Benefits paid to the applicant may affect your Unemployment Insurance account.

Applicant Name:
Social Security Number:
Last Day of Work: <b>06/29/2007</b>
Reason Applicant Gave for Separation: <b>Layoff</b>
Your Maximum Potential Charge: <b>\$3,686.00</b>
Base Period: <b>04/01/2007 to 03/31/2008</b>
Total Base Period Wages You Paid: <b>\$8,508.43</b> - <a href="#">View breakdown of quarterly wages</a>
Benefit Year: <b>08-31-2008 to 08-29-2009</b>
Determination: <a href="#">View Determination of Benefit Account</a>
Appeal By: <b>- Determination of Benefit Account</b>

**Note:** If you appeal the "Determination of Benefit Account" document, you are ONLY appealing the USE OF WAGES shown on the document, NOT the applicant's eligibility for benefits. You may raise a new eligibility issue below, or appeal an eligibility determination by clicking on the **Determinations and Issue Summary** link to the left of this screen and searching for the appropriate eligibility determination item.

### Determination of Benefit Account Details

This section shows the potential benefit amounts for this applicant. Select the **View** link above to view the Determination of Benefit Account.

Effective Dates	Weekly Benefit Amount	Maximum Benefit Amount
08/31/2008 - 01/31/2009	\$266.00	\$2,836.00
02/01/2009 - 08/29/2009	\$266.00	\$3,686.00

### Raise an Issue

To raise a new eligibility issue, click on the "Raise an Issue" button below [When should I raise an issue?](#)

[Raise an Issue](#)

### Raise an Issue

Unemployment benefits paid to an applicant may be used to compute your future Unemployment Insurance tax rate or charged to your account unless an issue is raised and you are mailed a determination stating that your account will not be affected.

Failure to raise a job separation issue within ten calendar days may affect your account.

Listed below are some reasons an applicant may be ineligible for benefits or your account not affected. Issues include, but are not limited to:

#### Reason for separation:

- **Quit:** The applicant quit without a good reason caused by the employer.
- **Discharged or suspended:** For reasons of employment misconduct (intentional, negligent, or indifferent behavior that had a significant negative effect on the employer).
- **Legally required discharge:** A law or governmental agency required you to remove the applicant from his or her position.
- **Fire, flood, other act of nature, or condemnation of property:** If it caused you to lay off the applicant and at least 25% of the employees at that work location.
- **Leave of absence:** The applicant was granted time off from work.
- **Strike or lockout related:** The applicant became unemployed because of a labor dispute at your place of business.
- **Still working part-time:** Your account might not be affected if you provide the applicant a consistent amount of regularly scheduled part-time work.
- **Still working full-time:** Full-time is 32 hours or more per week.
- **Offer or refusal of employment:** Refusal or failure to apply for a job or respond to an offer, if the applicant was notified of an available position, and if the UI program determines that the work was suitable for the applicant based on his or her experience, training, and prospects in the local job market.
- **Other income:** Including, but not limited to severance or separation payments, vacation pay during temporary layoff, Workers' Compensation, sick pay, back pay, pensions contributed to by your company.
- **Temporary layoff from educational institutions, including coaching, or employees whose services are contracted to primary or secondary schools:** Between school terms or coaching seasons, benefits are limited or denied if the applicant has reasonable assurance of returning to a position roughly equivalent to his or her position in the prior term or season.
- **Volunteer firefighter/volunteer ambulance personnel:** Your account may not be affected if you will continue to provide work to such employee on the same basis as provided in the base period.

## Raise An Issue (Questionnaire)

<b>Benefit Account Information</b>	
Applicant Name:	
Social Security Number:	
Last Day of Work on File:	<b>03/26/2009</b>
Reason Applicant Gave for Separation:	<b>Discharged</b>
<b>Separation Issue or Still Working</b>	
If the applicant separated for a different reason than shown above or is still working, select the most appropriate reason below.	
<input type="radio"/> Quit	<input type="radio"/> Leave of Absence
<input type="radio"/> Discharge/Dismissal/Termination	<input type="radio"/> Strike/Lockout/Strike related
<input type="radio"/> Suspension	<input type="radio"/> Applicant still working
If separated (not still working), enter the applicant's last day of work: [ ] / [ ] / [ ] (mm/dd/yyyy)	
<b>Work was Offered or Applicant was Recalled</b>	
<input type="radio"/> Applicant was offered employment, accepted employment, or refused employment	
<b>Deductible Income Issue</b>	
If the applicant has or will receive, or has applied for one of the following payment type(s) below:	
<input type="radio"/> Separation Pay (severance pay)	<input type="radio"/> Pension/Retirement/Annuity - monthly or periodic payments
<input type="radio"/> Vacation pay or PTO paid upon or during a temporary layoff or separation	<input type="radio"/> Pension/Retirement/Annuity - lump sum payment
<input type="radio"/> Workers' compensation	<input type="radio"/> Other Disability Payments
<input type="radio"/> Other payment not listed above (not earnings)	
<b>Inability or Unavailability for Work Issue</b>	
<input type="radio"/> Applicant is partially or totally unable to work, or unavailable for employment.	
<b>Other Issue</b>	
<input type="radio"/> Applicant employed as a school employee or a contractor to primary or secondary schools	
<input type="radio"/> Applicant employed as a paid athlete, or referee at any level	
<input type="radio"/> Applicant employed as a volunteer firefighter/ambulance driver	
<input type="radio"/> 25% or more of employees, including the applicant or volunteer, are unemployed due to a disaster or condemnation of property	

[Previous](#) [Next](#)

Employer Information	
<b>Employer Account Number:</b> 12345678	<b>Employer Name:</b> ACME MFG INC
Unemployment Insurance Request for Information	
Applicant name: Wyle E. Coyote	
Employer name: ACME MFG INC	
Doing business as:	
Employment start date: 03/23/2009	
Employment end date: 07/23/2009	
Average number of hours worked per week: 55	
Last wage: 8.00	
Job title: General Flunky	
The following information is needed to determine the applicant's eligibility for unemployment benefits.	
*On what date was the applicant discharged?	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
*Who discharged the applicant? Name(s)/Title(s)	<input type="text"/>

*Why was the applicant discharged?	<input type="text"/>
*Was the applicant discharged during a "new hire" probationary period?	<input type="radio"/> Yes <input type="radio"/> No
*Was there a specific incident that caused the applicant's discharge?	<input type="radio"/> Yes <input type="radio"/> No
If no:	
Explain in detail why you discharged the applicant when you did.	<input type="text"/>
If yes:	
When did the incident occur?	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Describe the incident:	<input type="text"/>

*Did the applicant know that he/she could be discharged for this?	<input type="radio"/> Yes <input type="radio"/> No
If yes:	
Explain how the applicant knew he/she could be discharged:	<input type="text"/>
*Had the applicant's work performance or production declined recently?	<input type="radio"/> Yes <input type="radio"/> No
If yes:	
Explain when and how the applicant's work performance declined (and why, if known):	<input type="text"/>
*Was the applicant negligent in the performance of his/her duties, as opposed to unable to meet expectations?	<input type="radio"/> Yes <input type="radio"/> No
If yes:	
Explain how the applicant was negligent in his/her work performance:	<input type="text"/>

\*Had the applicant's work performance or production declined recently?  Yes  No

If yes:

Explain when and how the applicant's work performance declined (and why, if known):

\*Was the applicant negligent in the performance of his/her duties, as opposed to unable to meet expectations?  Yes  No

If yes:

Explain how the applicant was negligent in his/her work performance:

\*Had the applicant received any verbal or written warnings about his/her work performance or production?  Yes  No

If yes:

When was the applicant's most recent warning?  /  /  (mm/dd/yyyy)

What was stated in the warning? If the warning was written, provide a copy.

\*Had the applicant been given any verbal or written warnings?  Yes  No

If yes:

When was the most recent warning?  /  /  (mm/dd/yyyy)

Why was the warning given?

What was stated in the warning? If the warning was written, provide a copy.

\*If additional information is needed about this issue, whom may we contact?

\*Contact person's telephone number:  -  -

I will be sending in documents that support my answers.  
Please describe the documents.

If you wish to provide any additional information about this issue, please provide it below:

D-420E

# Pending Eligibility Issue

## Search - Determinations, Issues and Account Notices

The **Action Items - Search Results** section contains a list of items that require your attention. They are displayed in order by due date.

- Enter additional search criteria to view pending issues, past determinations, decisions and account notices.
- To update information for an appeal hearing, including witness and legal representation information, search for Pending First Level Appeal items.

**View Search Tools**

Social Security Number:  Last Name:

Item:  Issue Type:

Issue Identification Number:  Employer:  Unit Number:

Date Range:  to

## Action Items - Search Results

**IMPORTANT!** Failure to respond by the date displayed below may affect your tax account.

To **raise an issue**, select the SSN of the applicant for one of the following items:

- Determination of Benefit Account
- Benefit Account Notice, or
- Reactivation Notice

Rows 1-04 of 4 Page 1 of 1

SSN	Last Name	First Name	Unit	Item	Issue Type	Date
402547356	Cooper	John	0001	Questionnaire	Quit	Reply by: 02/12/2007
402547356	Cooper	John	0001	Request for Wage Information	Monetary	Review by: 02/12/2007
401927981	Nash	Kevin	0001	Determination of Benefit Account	Monetary	Review by: 02/12/2007
222669999	Cassidy	Butch	0001	Notice of Benefit Account	Benefit Account filed	Review by: 02/13/2007
401653897	Smith	Susan	0001	Reactivation Notice	Benefit Account Reactivated	Review by: 02/13/2007
324876542	Smith	Jenny	0002	Pending Eligibility Issue	Discharge	Estimated completion: 02/13/2007
324876542	Smith	Jenny	0002	Determination of Eligibility	Leave of Absence	Becomes final: 02/14/2007
401653897	Smith	Susan	0004	Pending First Level Appeal	Discharge	Estimated completion: 02/14/2007
401653897	Smith	Susan	0004	First Level Appeal Decision	Quit	Becomes final: 02/15/2007
222669999	Cassidy	Butch	0001	Pending Request for Reconsideration	Discharge	Estimated completion: 02/15/2007
222669999	Cassidy	Butch	0001	Request for Reconsideration Decision	Deductible Income - Severance	Becomes final: 02/15/2007

**ATTACHMENT**

**Quit, Child Care**

There are approximately 40 different issues subtypes for Quit issues. The questions are presented both online and on paper. The following examples are drafts from 2008.

**Applicant Questionnaire**

Page 1 is the cover sheet, pages 2 to 4 are the questions. Questions on page 2 to the beginning of page 3 are standard for all Quit issues. The remaining questions are specific to the subtype "Child Care."

	<i>Unemployment Insurance</i> <i>Minnesota</i>	_____	_____
Document ID: 3501			_____
		05/17/2008	
3501			
111 East Kellogg Saint Paul, MN 55101 John Doe 651-234-4444 sample@sample.com		Employer Account Number 12345678	
<b>Unemployment Insurance Request for Information</b>			
The following information is needed to determine your eligibility for unemployment benefits.			



Unemployment Insurance  
*Minnesota*

Document ID: 3501

\_\_\_\_  
\_\_\_\_

\*Did you tell your employer why you quit?  Yes  No

If yes:

What reason for quitting did you give your employer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With whom did you speak? Name(s)/Title(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the employer's response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, explain why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Unemployment Insurance  
*Minnesota*

Document ID: 3501

\_\_\_\_\_  
\_\_\_\_\_

\*Did you give this employer advance notice that you were going to quit?  Yes  No

If yes:

Date you gave notice: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

What date did you tell the employer would be your last day of work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Did you continue to work until that date?  Yes  No

If no, explain why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Did you try to find other child care before quitting?  Yes  No

\*Did you request time off from work to find child care?  Yes  No

If yes:

What was your request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the employer's response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Unemployment Insurance  
*Minnesota*

Document ID: 3501

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\*Did you request that the employer change your work schedule, or do something else to accommodate your child care needs or your efforts to find child care?  Yes  No

If yes, what was your request and when did you make it?

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What was the employer's response?

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I will be sending in documents that support my answers.

Please describe the documents.

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If you wish to provide any additional information about this issue, please provide it below:

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Q-120A



Unemployment Insurance  
*Minnesota*

Document ID: 3501



3501

111 East Kellogg  
Saint Paul, MN 55101  
John Doe  
651-234-4444  
sample@sample.com

05/17/2008

Employer Account Number  
12345678

**Unemployment Insurance Request for Information**

The following information is needed to determine the applicant's eligibility for unemployment benefits.

\*What reason did the applicant give you (the employer) for quitting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*What was your (the employer's) response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Did the applicant give advance notice that he/she was going to quit?  Yes  No

If yes:

Date the applicant submitted the notice: \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

What date did the applicant give as a last date of work? \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Was the applicant allowed to continue to work until that date?  Yes  No

If no, explain why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Unemployment Insurance  
*Minnesota*

Document ID: 3501

\_\_\_\_\_  
\_\_\_\_\_

\*Were you (the employer) aware of a specific incident that caused the applicant  Yes  No to quit?

If yes:

What was the date of the incident? \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Describe the incident: (Who was involved? What happened? When?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Did you (the employer) do or fail to do something that caused the applicant's  Yes  No child care problem?

If yes:

When? \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Explain what you (the employer) did or failed to do:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DR



Unemployment Insurance  
*Minnesota*

Document ID: 3501

\*Did the applicant talk to you (the employer) about this problem prior to quitting?  Yes  No

If yes:

Date the applicant spoke to you (the employer): \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

With whom did the applicant speak? Name(s)/Title(s)

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What did that person tell the applicant?

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What was the applicant's response?

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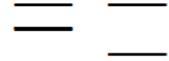
Did the applicant make any other efforts to retain employment prior to quitting or request something else to accommodate his/her child care needs or the efforts to find child care, such as a shift or location change?  Yes  No

If yes:



Unemployment Insurance  
*Minnesota*

Document ID: 3501



What was the applicant's request?

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What was your (the employer's) response?

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\*If additional information is needed about this issue, whom may we contact?

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\*Contact person's telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

I will be sending in documents that support my answers.

Please describe the documents.

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If you wish to provide any additional information about this issue, please provide it below:

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Q-120E