

REEMPLOYMENT/ALTERNATIVE TRADE ADJUSTMENT ASSISTANCE (RTAA/ATAA) APPLICATION

Complete and submit this application along with:

1. A copy of the paystub of your last full week of employment from the certified employer,
2. A copy of the first paystub from your new employer that you are paid for 32 hours or more in a week, or a letter from the company on letterhead stating the start date, wage, job title, and number of hours you work per week. If you are in TAA approved training, instead of sending a copy of your first paystub, send a copy of the first paystub you are paid for 20 hours or more in a week, and
3. A copy of your driver’s license or birth certificate.

If you do not already have an Unemployment Insurance (UI) account, you must submit an application for benefits at uimn.org. Click Applicants and then Apply for Benefits to start the application process. Even if you are not unemployed, you must submit an application to establish an account. We use the UI system to make RTAA payments to you.

Application and supporting documentation should be scanned and emailed to deed.taa@state.mn.us and deed.tra@state.mn.us.

CUSTOMER INFORMATION

Name (First MI Last): _____ Last # SSN: _____
 Home Address (Street, City, State, Zip): _____
 Preferred Phone: _____ Email: _____
 Date of Birth (mm/dd/yy): _____ WF1 ID: _____ DW Enrollment Date: _____

PETITION INFORMATION

Petition Number: _____ Certification Date: _____ Impact Date: _____ Expiration Date: _____
 Certified Employer Name or Employment Agency/Contractor: _____
 Certified Employer or Employment Agency/Contractor address (City, State, Zip): _____
 Job Title: _____ Hourly Pay Rate: _____ Annual Salary: _____ Hours/Week: _____
 Employment Start Date (mm/dd/yy): _____ Employment End Date (mm/dd/yy): _____
Complete this section only if you had other employment at the time of layoff from the trade affected employer. If more than one, list on a separate sheet of paper.
 Employer Name: _____ Employer Address (City, State, Zip): _____
 Job Title: _____ Hourly Pay Rate: _____ Annual Salary: _____ Hours/Week: _____
 Employment Start Date (mm/dd/yy): _____ Employment End Date (mm/dd/yy): _____

DISLOCATED WORKER COUNSELOR INFORMATION

Counselor Name: _____ Agency Name: _____
 Email Address: _____ Phone Number: _____

PAYMENT AND TAX WITHHOLDING OPTIONS

RTAA/ATAA payments are issued by direct deposit or debit card. Please verify that your current Payment Method Options and Contact Information are up-to-date in your Unemployment Insurance Benefit Account.

RTAA/ATAA payments are subject to state and federal income tax. You may withhold federal income tax at 10%, both federal and state tax at 15%, or to not withhold. To update withholding, sign into your Unemployment Insurance Benefit Account or contact UI Customer Service.

RTAA/ATAA EMPLOYMENT

Employer Name: _____ Employer Address (City, State, Zip): _____

Employer Contact Name: _____ Employer Contact Phone: _____

Job Title: _____ ONET Code: _____

Hourly Pay: _____ Annual Salary: _____ Hours/Week: _____

Employment Start Date (mm/dd/yy): _____ Employment End Date (mm/dd/yy): _____

- Do you work 32 hours per week or more for this employer? Yes___, No ___
- If no, are you working at least 20 hours per week for this employer? Yes___, No ___
- Are you attending or enrolled in full time TAA approved training? Yes___, No___
- Do you have other employment? Yes___, No ___

ADDITIONAL RTAA/ATAA EMPLOYMENT (IF MORE THAN ONE EMPLOYER)

Employer Name: _____ Employer Address (City, State): _____

Employer Contact Name: _____ Employer Contact Phone: _____

Job Title: _____ ONET Code: _____

Hourly Pay Rate: _____ Annual Salary: _____ Hours/Week: _____

Employment Start Date (mm/dd/yy): _____ Employment End Date (mm/dd/yy): _____

- Do you work 32 hours per week or more for this employer? Yes___, No ___
- If no, are you working at least 20 hours per week for this employer? Yes___, No ___
- Are you attending or enrolled in full time TAA approved training? Yes___, No___
- Do you have other employment? Yes___, No ___

DATA PRIVACY AUTHORIZATION

The information you provide will be used by the Trade Adjustment Assistance Program to determine your eligibility for a Trade Act weekly wage subsidy.

United States Code Title 42 section 1320b-7 requires that Applicants provide their social security number to be eligible for unemployment benefits. Incomplete applications cannot be processed.

Information you or your employer provide to the Unemployment Insurance Program is classified as private under Minnesota law. It cannot be disclosed without your written permission except as specified in state or federal law. Below is a partial list of agencies that may obtain information you provide the Unemployment Insurance Program.

- Child Support Enforcement Agencies**
- Federal and State Law Enforcement**
- Internal revenue Service**
- Minnesota Department of Revenue**
- Social Security Administration**
- State and Local Public Assistance Agencies**
- Unemployment Insurance Programs in other States**
- U.S. Immigration and Customs Enforcement**

Minnesota Statute 268.19 has the complete list of agencies that may obtain your information from the Unemployment Insurance Program. Information you provided may be verified with these agencies through electronic matching.

***If you have read and understand the above, please check this box. ___**

SIGNATURES

Before signing the training application, review the following statements and check each box:

- I verify this information is correct and complete. ____
- I understand penalties are enforced for willful misrepresentation. ____
- I understand if I receive an RTAA/ATAA payment, I am no longer eligible to receive Trade Readjustment Allowance (TRA) benefits. ____
- I understand my weekly RTAA/ATAA payments may vary depending on the rate of pay and number of hours worked. ____
- I prefer to receive all required notices, determination and decisions by email, rather than by mail. I may change this preference at any time by informing TAA in writing. (*Unemployment does not use email for communication.*) ____
- I understand that I am responsible for keeping TAA informed of my current email and mailing address (if I have chosen to receive communications by mail.) This obligation continues for two years after I am no longer enrolled in TAA or receiving benefits, because determinations affecting my eligibility could be issued during that period. If I fail to keep TAA updated about my email or mailing address, I could miss important appeal deadlines. ____

Customer Signature: _____ Date: _____

DW Counselor Signature: _____ Date: _____