

UC-226 Form

Referring Union

From: "do_not_reply@ui.hawaii.gov" <do_not_reply@ui.hawaii.gov>

Date: Thursday, February 28, 2019 at 10:26 AM

To: [REDACTED]

Subject: IMPORTANT! Request for Verification of Union Registration - Form UC-226

[REDACTED]

The Hawaii Unemployment Insurance Division Claims Office needs verification of the individual(s) is an active member in good standing with your union; will be seeking work and is referable for work through your union's hiring hall.

[REDACTED]

Please go to <http://uiclaims.hawaii.gov> and login with your Online ID, e-mail address, and password. Go to "Forms" on your dashboard and select Form UC-226 "Verification of Registration with a Referring Union.

Submit Form UC-226 within 7 calendar days from the date of this email. Failure to respond may result in a delay or denial of unemployment insurance benefits.

If you have received this message in error, contact Employer Services at <http://labor.hawaii.gov/ui/contact>.

Please do not reply to this email. This mailbox is not monitored and you will not receive a response.

Email ID: 46868



EMPLOYER LOGIN	CREATE ONLINE PROFILE	REGISTER FOR UI ACCOUNT NUMBER
<p>Online Business ID</p> <input type="text"/>	<p>Already have a Hawaii Unemployment Insurance (UI) account number? Click "Create Online Profile".</p> <p>Hours of Availability: Monday through Friday 6:30 a.m. to 5:30 p.m. HST 8:00 p.m. to 11:00 p.m. HST</p> <p>Weekends and Holidays 6:30 a.m. to 11:00 p.m. HST</p> <input type="button" value="Create Online Profile"/>	<p>Register your business for a UI account number or reactivate your account.</p> <p>Only owners, partners/members, and officers of the business can register.</p> <p>This person will be designated the administrative user. Each business account can only have 1 administrative user. The administrative user can add or inactivate sub-users.</p> <input type="button" value="Register for UI Account Number"/>
<p>E-mail Address</p> <input type="text"/>		<p><input type="button" value="Sign in"/></p> <p>Forgot Online Business ID? <input type="button" value="Cancel"/></p>

Announcements

The employer online website is an easy way to access your Unemployment Insurance account. New employers need to "Register for a UI Account Number". Employers with an account number "Create an Online Profile" to access their UI account information.

Union employer logs into their web account



FOR CLAIMANTS

- Create Account/Login
- Apply for Benefits
- Reactivate an Existing Claim
- File a Claim Certification
- Check Claim or Payment Status
- File or View Appeals
- Update Personal Information
- Direct Deposit

[Get started](#)

FOR EMPLOYERS

- Create Online User/Login
- Register a New Business
- Reactivate a UI Account
- View Account Data
- Authorize a Service Company
- File Low Earning Report
- File or View Appeals

[Get started](#)

FOR SERVICE COMPANY

- Check Tax Rates
- Create Online Profile/Login
- Submit Bulk Contribution and Quarterly Wages report
- Pay Taxes Online

[Get started](#)

[Claimant Services](#)

[Employer Services](#)

[Service Company](#)

[Contact](#)

Announcements

Claimants

We have recently updated our Initial Claim process. Should you experience problems while entering your Initial Claim, please contact the nearest [claims office](#) for

WHEN TO FILE

File online during these times only:

Monday through Friday
6:30 a.m. to 11:00 p.m. HST



SHERYL

Logout

Welcome, [REDACTED]

Thursday, May 30th, 2019

File Weekly Report of Low Earnings

Electronic Low Earnings Report and Monitor System (ELERM) is used to file Weekly Reports of Low Earnings for employees that are still attached.

For more information, [click here](#).

Appeals

File an appeal, get hearing information, and see appeal statuses. You can file your appeal Monday through Friday - 6:30 a.m. to 5:30 p.m. Weekends and Holidays - 9:00 a.m. to 5:30 p.m.

Professional Employer Organization (PEO)

Maintain client list for my PEO

Forms

Electronic Unemployment Insurance Forms and Employer Forms.

ACCOUNT SETTINGS

Edit Profile

Change your password; security question(s), security answer(s), security image and/or security phrase.

On the dashboard menu the Union clicks on “Forms”.

UC-25 - Notification of Changes

Use this form to change an employer's address or status of business.

UC-86 - Waiver of Employer's Experience Record

Use this form to request acquisition of the experience record of a predecessor employer

UC-175 - Application for Self-Financing - Non-Profit Organization

Use this form to file as a Non-Profit Organization.

UC-176 - Application for Group Plan - Non-Profit Organization

Use this form to elect self-finance status for a group of non-profit organizations.

UC-226 – Verification of Registration with a Referring Union (Submit Upon Request)

Use this form to report that a claimant is an active member seeking work through your union's hiring hall, his/her union's work referral status, availability, readiness and willingness to work during customary work hours.

UC-336 - UC-336 Election By Family Owned Corporation to be Excluded from Coverage Under Section 383-7(20), HRS

Use this form to elect exclusion from unemployment insurance coverage of a family-owned corporation

UC-347 - Notification of Acquisitions or Transfers

Use this form to report acquisitions or transfers in accordance with Section 383-66(b), HRS, if there is substantially common ownership, management or control between employing units or an acquisition or transfer made between an employing unit and a person who is not an employing unit. The department will determine substantially common ownership, management or control.

UC-348 - Verification of Partial Unemployment Status

Use this form to confirm an employee's partial unemployment status.

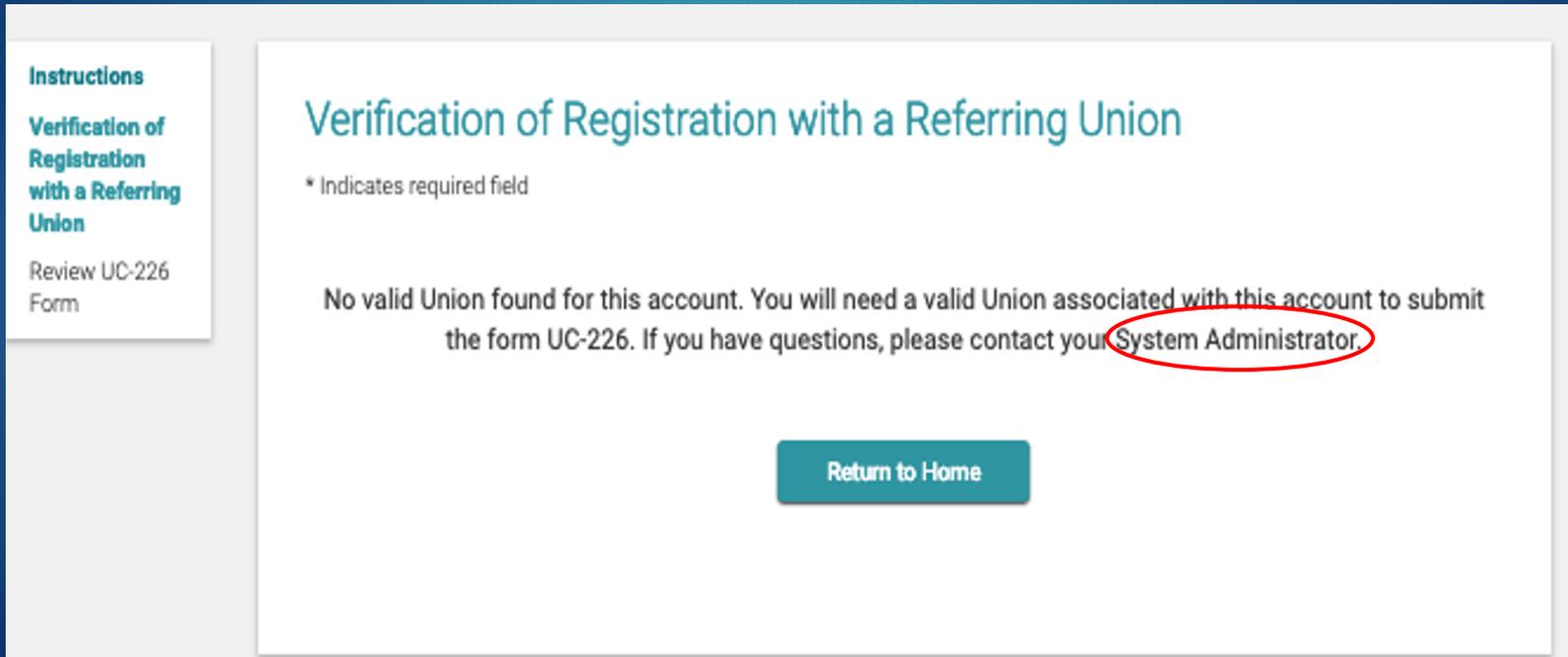
Forms History

Submitted Date/Time	Form Title	Status	Submitted By	Action
03-22-2018 14:03:20 (HST)	UC1	COMPLETED	asdf, asdf	

From the
Forms
menu, the
Union
selects the
UC-226
form

If an non-union employer or a non-referring union tries to submit a UC-226 form in error, this message will appear:

System Administrator will be change to “Special Activities” and a link will provided to the UI Contact List.



The screenshot shows a web interface with a sidebar on the left and a main content area. The sidebar contains the following text:

- Instructions
- Verification of Registration with a Referring Union
- Review UC-226 Form

The main content area has the following text:

Verification of Registration with a Referring Union

* Indicates required field

No valid Union found for this account. You will need a valid Union associated with this account to submit the form UC-226. If you have questions, please contact your **System Administrator**.

Return to Home

Instructions

Verification of
Registration with
a Referring
Union

Review UC-226
Form

Instructions

UNION VERIFICATION

An individual has reported that he/she will be referred to work through your union's hiring hall. Please complete and submit the verification of registration within 7 calendar days from the date of the request to confirm that the individual is registered and in good standing, has no restrictions on his/her availability for work and has not refused any offer or referral to work. (Note: as a referring union, you are required to report to the UI Division when the individual is no longer registered or in good standing, refused an offer or referral to work, or is not ready and/or willing to seek and accept work.)

Continue

Union must answer all of the *required fields in order to enable the save and continue button

Instructions

Verification of Registration with a Referring Union

Review UC-226 Form

Verification of Registration with a Referring Union

* Indicates required field

CLAIMANT INFORMATION *

First Name *

Last Name *

MI

SSN *

REGISTRATION WITH UNION * (This must be completed by an authorized union official)

- I certify that the above named claimant is an active member and is in good standing with the union (professional association) named below. This claimant is seeking work through our union, is eligible for union work referrals, has no restrictions on availability for union work during the customary hours, and has not refused any work. I agree to immediately report to the Department when the claimant is not in good standing, refuses an offer or referral of work, or is not ready, willing and available to work.
- The above named claimant is not in good standing, refused a referral or offer of union work, or is not ready, willing and able to work.

Union Name and Local *

Date Registered for Work *

Contact Name *

Contact Number *

Back

Save and Continue

Under Union Name and Local section, if there is only one Union under the UI account number, the Union name will appear here.

SSN *

REGISTRATION WITH UNION * (This must be completed by an authorized union official)

- I certify that the above named claimant is an active member and is in good standing with the union (professional association) named below. This claimant is seeking work through our union, is eligible for union work referrals, has no restrictions on availability for union work during the customary hours, and has not refused any work. I agree to immediately report to the Department when the claimant is not in good standing, refuses an offer or referral of work, or is not ready, willing and available to work.
- The above named claimant is not in good standing, refused a referral or offer of union work, or is not ready, willing and able to work.

Union Name and Local *

Date Registered for Work * **Contact Name *** **Contact Number ***

If there are multiple Unions associated with the UI account number, there will be a drop down selection.

REGISTRATION WITH UNION * (This must be completed by an authorized union official)

- I certify that the above named claimant is an active member and is in good standing with the union (professional association) named below. This claimant is seeking work through our union, is eligible for union work referrals, has no restrictions on availability for union work during the customary hours, and has not refused any work. I agree to immediately report to the Department when the claimant is not in good standing, refuses an offer or referral of work, or is not ready, willing and available to work.
- The above named claimant is not in good standing, refused a referral or offer of union work, or is not ready, willing and able to work.

Union Name and Local *

✓ --Please Select--
Carpet Linoleum & Soft Tile - 1926
Drywall, Tapers, Finishers & Allied Workers - 1944
Glaziers Union - 1889

MM/DD/YYYY

(...) ____-____

Back

Save and Continue

If the Union reports claimant is not in good standings, a dropdown list of reasons will be presented to the Union to select from.

REGISTRATION WITH UNION * (This must be completed by an authorized union official)

I certify that the above named claimant is an active member and is in good standing with the union (professional association) named below. This claimant is seeking work through our union, is eligible for union work referrals, has no restrictions on availability for union work during the customary hours, and has not refused any work. I agree to immediately report to the Department when the claimant is not in good standing, refuses an offer or referral of work, or is not ready, willing and available to work.

The above named claimant is not in good standing, refused a referral or offer of union work, or is not ready, willing and able to work.

Union Name and Local *

Hawaii Carpenters Union - 745

Date Registered for Work * 05/28/2019

Contact Name *

Contact Number * () - - - - -

Comments: If not in good standing, refused a referral or offer of union work, or not ready, willing and able to work, please explain here: *

- Please Select--
- Please Select--
- Failed to contact Union/Not on the Out of Work list
- Missed Job Calls
- Refused a Work Referral
- Non-payment of Dues
- Suspended
- Not in Good Standing
- Other

Save and Continue

UNEMPLOYMENT INFORMATION
Frequently Asked Questions

Illocano Tagalog
한국의 日本語

Review page

Verification of Registration with a Referring Union

[Edit](#)

CLAIMANT INFORMATION

First Name

[REDACTED]

MI

Last Name

[REDACTED]

SSN

[REDACTED]

REGISTRATION WITH UNION

I certify that the above named claimant is an active member and is in good standing with the union (professional association) named below. This claimant is seeking work through our union, is eligible for union work referrals, has no restrictions on availability for union work during the customary hours, and has not refused any work. I agree to immediately report to the Department when the claimant is not in good standing, refuses an offer or referral of work, or is not ready, willing and available to work.

Union Name and Local

Carpet Linoleum & Soft Tile - undefined

Date Registered for Work

1/1/2018

Contact Name

[REDACTED]

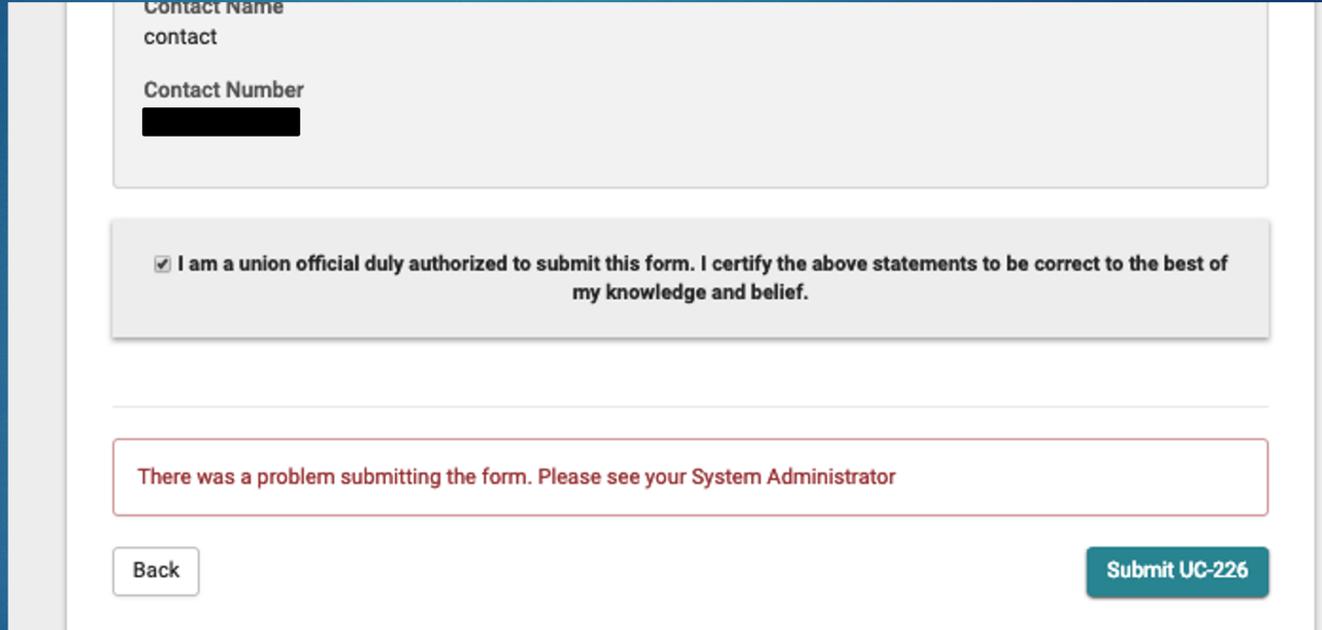
Contact Number

[REDACTED]

I am a union official duly authorized to submit this form. I certify the above statements to be correct to the best of my knowledge and belief.

[Back](#)[Submit UC-226](#)

If there is no claimant or UI Account number that matches, the Union will see this message.



Contact Name
contact

Contact Number
[REDACTED]

I am a union official duly authorized to submit this form. I certify the above statements to be correct to the best of my knowledge and belief.

There was a problem submitting the form. Please see your System Administrator

Back Submit UC-226