Step-by-step guide to reactivating your account

If you do not request benefit payments for a while, the status of your account may change to inactive.

You may have the option to reactivate your account. If you have that option, follow the instructions below.

STEP 1. Go to www.uimn.org and select Applicants.

STEP 2. Select **Log in to my account**.

You will find the link near the bottom of the page, under *I Need To...*

STEP 3. Log in to your account.

Under Existing Applicants, enter your Social Security number, password and then select **Login**. If you do not remember your password, select the checkbox for *Forgot your password* and then Login. Follow the steps on the page to reset your password.

STEP 4. Reactivate your account. Select the Reactivate link to begin.

Important Messages - These Messages Need Your Attention   * Indicates Required Field

No messages require an action from you at this time.

Other Messages

⊙ Your unemployment account is currently inactive because you stopped requesting benefits. You must reactivate your account; select the *Reactivate* option.

Unemployment Insurance Applicant Services - My Benefit Account Home

Future Benefits Estimate - Get an estimate of your benefits.   Reactivate - Reactivate an inactive account.

Reemployment Activities -

- Complete your job search Self-Assessment and Work Search Plan
- Report completion dates for job search activities in your Work Search Plan
- View your completed Self-Assessment and Work Search Plan
- Reschedule Your Reemployment Session

View and Maintain My Account - manage my account information

- Update my contact information
- View IRS FORM 1099G
- View child support deductions
- View payments, overpayments, and determinations
- View and update payment methods and tax withholding

STEP 5. Read the Data Privacy Authorization.

Select **Yes** to the statement "I have read and agree with the above.", and then **Next** to move to the next page.

Reactivate Account- Data Privacy Notice

* Indicates Required Field

The information you provide will be used by the Department of Employment and Economic Development to determine your eligibility for unemployment insurance benefits and help you look for work.

United States Code Title 42 section 1320b-7 requires that applicants provide their social security number to be eligible for unemployment benefits. Minnesota Statute 268.07 requires applicants must be unemployed at the time the application is filed and that they must provide all of the information requested. Incomplete applications cannot be processed.

Employers are authorized by law to provide information on your dates of employment, wages paid, and why you left employment. Information you provide about why you left specific employment may be disclosed to that employer, so your eligibility for benefits and the effect on the employer can be determined.

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.

* **I have read and agree with the above.**

○ Yes   ○ No

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Note: As you complete your reactivation, you may receive a ⊗ Validation Error(s) message if a question is missed or the answer provided does not match a previous answer given for a similar question. To fix the error, look through the page for the validation symbol ⊗.

⊗ **Validation Error(s)**
- An answer is required for the question "I have read and understand the above.".

STEP 6. Address Verification:

If your address is correct, select *Next*.

If your address has changed, select *Update*. Enter your correct address and then select submit to rejoin the request payment process.

Keep the address on your account up-to-date for at least four years after your last request for benefit payment. Even after you stop requesting benefits, your account may be audited or we may contact you for other reasons. If we can't reach you, audit findings will be made without your input, and you will be responsible for any overpayments that might result.

Address Verification

* Indicates Required Field

Name	Joe Applicant
Address	123 MAIN ST N
	SAINT PAUL ,MN - 55101-1805
County	Ramsey
Country	UNITED STATES OF AMERICA
Telephone Numbers	
Home Phone	612-612-6126
Mobile Phone	
Other	
International	
Receive Electronic Messages	NO
Email	

Keep the address on your account up-to-date for at least four years after your last request for benefit payment. Even after you stop requesting benefits, your account may be audited or we may need to contact you for other reasons. If we can't reach you, audit findings will be made without your input, and you will be responsible for any overpayments that might result.

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STEP 7. Reactivate Account - Applicant Question

Answer the questions and then select **Next**.

Reactivate Account - Applicant Questions
* Indicates Required Field

Please answer the following questions

* Have you worked since **MM-DD-YYYYY** ?

○ Yes   ○ No

This includes: Full-time, Part-time, Temporary Work, or Self Employment

* Have you refused an offer of employment since **MM-DD-YYYY** ?

○ Yes   ○ No

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STEP 8. Employment Information.

Review the list of your known employers. Select **Next** to begin entering information about your employment with them.

Note: If you do not see an employer listed on this page, select *Next*. You will need to add your employer (see STEP 10).

Employment Information
* Indicates Required Field

A complete list of employment from **MM-DD-YYYY** is needed to determine your eligibility.

The following is a list of your known employers. Select "Next" to begin entering the needed information about them. (Where did this list come from?)

You will have the opportunity to add more employers after you have entered information about these.

Employer's Legal Name	Employer's Business Name
ALPHA BRAVO CHARLIE, INC.	ABC, Inc.

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STEP 9. Detailed Employment Information.

You will now answer questions about the employers listed on the previous page.

Pay attention to the employer name and information listed at the top when answering the question on this page. An employer's legal name and business address may be different than what you are used to. Look at a paycheck or W-2 from your employer to help determine if you worked for the company listed.

Minnesota Detailed Employment Information   * Indicates Required Field

Minnesota Employer Legal Name
ALPHA BRAVO CHARLIE, INC.

Minnesota Employer Business Name
ABC, INC.

Employer Address (main office, payroll office, headquarters)
1234 ABC ST
SAINT PAUL MN 55101-1314

Employer Work Location Address
1000 GLEN ST
MORA MN 56329-4514

* Did you work for this employer anytime in the last 18 months?
○ Yes   ○ No

If "Yes", complete the following information
If "No", this employer will be notified that you indicated you did not work for them.

Most Recent Work Address: if you did work for this employer, but the work location address is different, enter the address below.

Street Address
[   ]

City
[   ]

State
[(Select one)   ⌄]

ZIP Code
[   ] - [   ]

Employer phone number
([   ]) - [   ] - [   ]

* First day worked
[   ] / [   ] / [   ]
(mm/dd/yyyy)

STEP 9. Detailed employment information – continued.

Complete the questions on this page, and then select **Next**.

* Last day worked

[_____] / [_____] / [_____]

(mm/dd/yyyy)

(If you are still working, enter your most recent date worked.)

* Pay rate

[$][_____]

○ per hour

○ per week

○ per month

○ per year

* 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

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* 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 reasons 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, on-call employment or reduced hours.

○ **Business Sold or Closed:** You either sold or closed a business that you had a controlling ownership in.

(Previous)   (Next)

STEP 10. Additional and Complete Employment.

Review the list of employers. If the list of employers on this page is complete and accurate, select **Click Here After All Employers are Entered**.

To add an employer that was not shown on the previous screens, select the appropriate "Add employment" button and provide the detailed employment information as instructed in STEP 9.

It's important that you do your best to find all your employers. Keep in mind that an employer's legal name and business address may be different than what you are used to. Look at a paycheck or W-2 from your employer to help determine if you worked for the company listed.

STEP 11. Reactivate Effective date.

Select the date to reactivate your benefit account.

Reactivate Effective Date

* Indicates Required Field

NOTE: If you worked less than 32 hours and earned less than **$762.00** in either of the past three weeks, you may backdate your reactivation one to three weeks.

Reactivate Your Account

Select the date to reactivate your benefits account.

Select One ⌄

NOTE: The law allow us to give you credit for up to three weeks. If you have "good reason" to think you deserve more, check here: ☐ I have "good reason" to request additional weeks.

Select "Next" to continue.

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STEP 12. Modify answers / Submit.

This last page of the reactivation allows you to review all the questions we've asked, along with your answers. Please review your answers for each section.

Need to change an answer? Select Modify Answers. You will go back to the first page of the application. Select Next to move forward to the answer you wish to change. Continue to select Next until you return to the final page.

Ready to submit your reactivation? When you are satisfied with your answers, at the bottom of this page, select the **Yes** checkbox; enter your **Social Security number** (no dashes) and then select the button "**Submit**".

STEP 13. Confirmation page.

Select the Home button to return to your account home page.

Reactivate Confirmation   * Indicates Required Field

You have successfully reactivated your Benefit Account for the week of **MM-DD-YYYY** . You are scheduled to request benefits on **MM-DD-YYYY** .

Home