

## ReEmployCT System – Claimant View

### Create an Account



Unemployment System Alliance Partner

Welcome



Partner of the American Job Center Network

LOGIN-001

Welcome to ReEmployCT, Connecticut's new unemployment system. [Language](#)

**Create a claimant account**

If you are a new unemployment filer and don't have a ReEmployCT account [or](#) you created an account before July 5, 2022

[Create an Account](#)

**Log In**

User ID

Password (Case sensitive)

[Log In](#)

[Forgot User ID](#) [Forgot Password](#)



**Need Help?**

Our virtual assistant can reset your password and answer other questions.



Unemployment System Alliance Partner

Welcome



Partner of the American Job Center Network

USR-003

**New User Sign Up**  
\* Required Information

- \* Social Security Number  -  -
- \* Confirm SSN  -  -
- \* First Name
- Middle Initial
- \* Last Name
- \* Date of Birth (MM/DD/YYYY)  /  /

[Cancel](#) [Next>](#)

## Create User ID and Password

\* Required Information

1. \* Create User ID  
(Must begin with a letter and be 6-30 characters long.)

2. \* Create Password  
(Case sensitive)

3. \* Confirm Password  
(Case sensitive)

The following question will be used to reset your password if you forget it

4. \* Security Question 1

5. \* Answer 1  
(Case sensitive)

6. \* Security Question 2

7. \* Answer 2  
(Case sensitive)

8. \* Security Question 3

9. \* Answer 3  
(Case sensitive)

10. \* Enter Email Address

11. \* Confirm Email Address

Note: You must verify your email before your account is active. CTDOL will send you an account verification email to complete your sign up. Look for "CTDOL Accounts: Email Verification" in your inbox.

[<Back](#) [Submit](#)



Unemployment System Alliance Partner

Welcome



USR-012

## Successful Registration Confirmation

Your registration was successful.

Welcome to ReEmployCT, Connecticut's online Tax and Benefits system.

[Access your account now](#)

- Select: **"Access Your Account Now"**



Unemployment System Alliance Partner

Welcome



LOGIN-001

Welcome to ReEmployCT, Connecticut's new unemployment system.

[Language](#)

### Create a claimant account

If you are a new unemployment filer and don't have a ReEmployCT account

or

you created an account before July 5, 2022

[Create an Account](#)

### Log In

User ID

PradnyaTestDemoOne

Password

(Case sensitive)

[Log In](#)

[Forgot User ID](#) [Forgot Password](#)



### Need Help?

Our virtual assistant can reset your password and answer other questions.

### Email Verification

A verified email address is now required to access your online unemployment benefits account.

Email Address

If you already have the verification code for this email address, click [here](#) to verify your email address.

If you need another verification code for the above email address, click [here](#). An email will be sent to you with a new verification code.

If you want to change your email address, enter the new address below and click Next. A new verification code will be sent to that address.

Enter Email Address

Confirm Email Address

[Next>](#)

**Note: Claimant will receive a code through email which they need to enter into system**

### Email Verification

\* Required Information

Please enter the verification code from the email.

Verification Code

**Didn't get the Code?**

Make sure that:

- Your Email address is correct.
- Check your Email account junk/spam folder for email from [DOL.ReEmployCT@ct.gov](mailto:DOL.ReEmployCT@ct.gov)
- Add [DOL.ReEmployCT@ct.gov](mailto:DOL.ReEmployCT@ct.gov) as a trusted contact in your email account's contact list

[Cancel](#)

[Next>](#)

### Email Verification

Your email address has been verified and any further correspondence will be sent to you by email. You may also reset your password should you forget it, or need to change it, via our automated system. Please make sure you check your email regularly.

[Home](#)

- Click **"Home"**

You last logged in at 06/16/2022 10:39:34 AM

### Quick Links

- ▶ Unemployment Claim
- ▶ Weekly Certification
- ▶ Update Address
- ▶ Benefit Maintenance
- ▶ Make Repayment
- ▶ Inquiry
- ▶ Correspondences

Claim Information | Weekly Certification | Work Search | Payment Option Details

▶ You do not have an active claim.

News & Announcements

▶ **Benefits CLMT News**  
This is Benefits News for Claimant.

## • Go to “File an Unemployment Claim”

### Claim Filing Notification

Online Unemployment Services is designed to allow you to file a claim for Unemployment Insurance benefits; file your weekly certifications; and view or update your claim information.

Your claim will be made effective with the Sunday of the week you file.

**Note:** You *may not* be able to use the online filing system if you:

- Worked in a state other than Connecticut in the last 18 months.
- Have filed a claim for benefits in another state within the last 12 months.

To file for Unemployment Insurance benefits, you should have the following information available before beginning:

1. Your social security number.
2. The name and address of each employer you worked with during the past 18 months, the beginning and ending dates worked with each and the reason for separation from each employer.
3. Check stubs showing year-to-date earnings from each employer you worked with during the past 18 months.
4. If you have military employment, a DD-214 Member 4 form if you were separated from the U.S. Military within the past 18 months.
5. If you have federal employment, an SF50 Notice of Personnel Action form or SF8 form if you were separated from a federal employer within the past 18 months.
6. An alien registration number or Visa number if you are not a U.S. Citizen

CTDOL will verify your employment details with each of your employers. Providing false information, failure to disclose information or the misrepresentation of a material fact with the intent to commit fraud is punishable by Law.

Wage and other confidential unemployment claim information may be requested and utilized for other governmental purposes, including, but not limited to, verification of eligibility for other government programs pursuant to 20 CFR 603.11 and the "Income and Eligibility Verification System" of the Deficit Reduction Act of 1984, Public Law 98-369.

\* Online Unemployment Services are available at **no cost**. You will not be asked to pay for filing a claim or weekly certification as long as you are filing from the CTDOL official Web site, [www.ctdol.state.ct.us](http://www.ctdol.state.ct.us).

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# Claimant must complete all entries having a "Red Asterisk"

Motion To Reopen | View & Print 1099 | Provide PUA Proof of Earnings | Provide PUA Proof of Employment | MEUC Application

### Personal Information

\* Required Information

1. SSN: \*\*\*\*\_\*\*-9999

2. \* First Name: JOHN

3. Middle Initial:

4. \* Last Name: DOE

5. Other last name worked under since 01/01/2021:

6. \* Date of Birth: 10 / 10 / 1988

### Contact Details

\* Required Information

Claimant SSN: \*\*\*\*\_\*\*-9999    Claimant Name: JOHN DOE

1. \* Mailing Address

Address Line 1: 112 Test Dr

Address Line 2:

City:

State/Province: -Select-

ZIP Code:

Country: United States

2. \* Residential Address

Same as Mailing Address

4. Telephone Number(s)

\* a. Primary Number: 978 - 797 - 9797

b. Cell Phone Number:

5. \* Would you like to sign-up to receive notification via text message regarding your reemployment assistance?\*

*\*Message and Data rates may apply.*

Yes  No

6. \* How may we contact you?

E-mail

a. Email Acknowledgment

I AGREE to the Terms and Conditions of CTDOL regarding electronic notifications.

(Note: If you are using an email spam blocker, you may need to add '@ct.gov' to your list of trusted email addresses or domain names in order to properly receive email correspondence from CTDOL.)

- Unemployment Claim
- Weekly Certification
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- Provide PUA Proof of Employment
- MEUC Application

CIN-999

## Verify Contact Details

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

Verify the mailing address you have created. To modify the address, select **Back**.

### Claimant Mailing Address:

Address Line 1 112 TEST DR  
Address Line 2  
City DANBURY  
State Connecticut  
ZIP Code 06123  
Country United States

<Back Next>

- Note: Claimant will receive a **"Certification Screen"**. If successful, Claimant will begin to file claim

## File Claim

\* Required Information

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

- Where is this claim being filed from?
- Were you employed with the Federal government performing Federal civilian service after January 1, 2021?  
a. If Yes, where did you work?
- Were you discharged from the U.S. Military after January 1, 2021?  Yes  No
- Have you worked for any employer since January 1, 2021?  Yes  No
- Select all the states where you worked after January 1, 2021 excluding Federal (Outside of USA) or Military employment. 

<input type="checkbox"/> Alabama	<input type="checkbox"/> Guam	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Alaska	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arizona	<input type="checkbox"/> Idaho	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Illinois	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
<input type="checkbox"/> California	<input type="checkbox"/> Indiana	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
<input type="checkbox"/> Colorado	<input type="checkbox"/> Iowa	<input type="checkbox"/> MMstateTest	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> <b>Connecticut</b>	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
- Do you have a definite date to return to full time work?  
a. If Yes, indicate the date you expect to return to work  Yes  No  
 /  /  
- Have you applied for Unemployment Insurance benefits in any state other than Connecticut in the last 12 months?  Yes  No
- Was your last employer a Headstart employer?  Yes  No

- Unemployment Claim
- Weekly Certification
- Update Address
- Benefit Maintenance
- Make Repayment
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- View & Print 1099
- Provide PUA Proof of Earnings
- Provide PUA Proof of Employment
- MEUC Application

CIN-081

## File Claim Continuation

\* Required Information

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

- Are you a construction worker?  
a. If yes, please provide the NCCI code
- Do you expect to get employment through a Union Hall?
- Did you collect workers compensation since 01/01/2021?
- Were you on approved sick/disability leave since 01/01/2021?

Cancel Finish Later

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- Unemployment Claim
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- Provide PUA Proof of Employment
- MEUC Application

CIN-071

## Employment History

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

The following screens will ask you to provide details of your employment history during the past 18 months. CTDOL will notify the employers listed on your claim application to verify employment details and the reason for separation. Providing false information or failure to disclose information with the intent to commit fraud is punishable by law.

Cancel Finish Later

<Back Next>

- Unemployment Claim
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- Provide PUA Proof of Employment
- MEUC Application

CIN-075

## Primary Job Title/Description Search

\* Required Information

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

Enter a Job Title which reflects your skills, job history and interest. This will help our system classify the types of jobs that may meet your qualifications and interest.

- Job Title

Cancel Finish Later

<Back Next>

- Unemployment Claim
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- Provide PUA Proof of Employment
- MEUC Application

CIN-076

## Job Title Summary

\* Required Information

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

### Job Title Summary

Job Description	Work Experience ?	Last Job Skill ?	
Managers, All Other	<input type="text"/> Year(s) <input type="text"/> Month(s)	<input checked="" type="radio"/>	<a href="#">Delete</a>

1. \* Do you want to add another skill, job history or interest?  Yes  No  
(You can add up to five (5) skills, job history or interest.)

[Cancel](#) [Finish Later](#)

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CIN-077

## Geographical Preference for Work

\* Required Information

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

1. \* I would like to search for jobs within  mile(s) of:  (City or ZIP code). ?

[Cancel](#) [Finish Later](#)

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## Employment Details

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

Employer Name NEW CENTURY GARDEN LLC [More Information](#)

1. \* Did you work for this employer?  Yes  No

If Yes, provide the following information

a. First date of work

MM /  DD /  YYYY

b. Last date of actual work

MM /  DD /  YYYY

c. Date of separation, If different than last day of actual work

MM /  DD /  YYYY

d. Job Title/Description

e. What was your rate of pay?

/  -Select-

f. Hours per week

g. Shift

1st  2nd  3rd

h. Did you work

-Select-

g. Shift  
 1st  2nd  3rd

h. Did you work  
 Full-Time(FT)

i. Work Week  
 Sun  Mon  Tue  Wed  
 Thu  Fri  Sat

j. Reason you are no longer working with this employer  
 i. If Voluntary Quit, select reason  
 ii. If Discharged / Fired, select reason

k. Are you receiving or are you going to apply for a pension from this employer?  
 (Do not include severance pay or Social Security benefits.)  
 i. If yes, provide the date you received or will receive the pension

l. Employer Telephone Number

2. \* Are you receiving or will you receive severance pay, vacation pay, or any other dismissal pay from this employer?  
 1. If yes, indicate which type(s):  
 a. Wages in Lieu of Notice/Salary Continuance (not including severance pay)   
 b. Severance Pay   
 c. Paid Time Off (PTO)   
 d. Vacation Pay - Other than PTO   
 e. Supplemental Unemployment Benefit (SUB)   
 f. Dismissal pay - Other Payments   
 2. Are you a part of a large layoff involving 20 or more employees?  Yes  No

Discharged / Fired  
 Lack of work / Laid off  
 Leave of Absence  
 Still Employed-Working Full-Time  
 Still Employed-Working Part-Time  
 Strike / Lock Out  
 Suspension  
 Voluntary Quit

Finish Later <Back Next>




Unemployment System Alliance Partner

Welcome JOHN DOE

Home | Log out

Unemployment Claim Weekly Certification Update Address Benefit Maintenance Make Repayment Inquiry Correspondences File Appeal  
 Motion To Reopen View & Print 1099 Provide PUA Proof of Earnings Provide PUA Proof of Employment MEUC Application

CIV-005

### Employment Summary

\* Required Information

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

Employer Name	Employment Start Date	Employment End Date	Reason You Left	Action
NEW CENTURY GARDEN LLC	01/01/2019	12/31/2021	Lack of work / Laid off	<a href="#">Edit</a>

1. \* Have you worked for any other employer since January 1, 2021?  
 a. If Yes, select type of employer  Yes  No  
 -Select-

Cancel Finish Later <Back Next>

Claimant can add additional employers if applicable

## Availability Questions:

**REEMPLOY CT**  
Unemployment System Alliance Partner  
Claimant: JOHN DOE

CONNECTICUT DEPARTMENT OF LABOR  
Partner of the American Job Center Network

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Option To Reopen | View & Print 1099 | Provide PUA Proof of Earnings | Provide PUA Proof of Employment | MEUC Application

CIN-004

### Able and Available Details

\* Required Information

Claimant SSN: \*\*\*-\*\*-9999    Claimant Name: JOHN DOE

- \* Are you currently self-employed?  Yes  No
- \* Have you refused an offer of work since your last day of employment?  Yes  No
- \* Are you presently attending school or training?  Yes  No
- \* Can you accept full-time work immediately?  
a. If No, select all the reasons that apply  
 Medical Condition / Disability  
 Child Care  
 Transportation  
 Family Responsibility
- \* Are you a Corporate Officer?  Yes  No

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**REEMPLOY CT**  
Unemployment System Alliance Partner  
Claimant: JOHN DOE

CONNECTICUT DEPARTMENT OF LABOR  
Partner of the American Job Center Network

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### Tax Withholding and Payment Option

\* Required Information

Claimant SSN: \*\*\*-\*\*-9999    Claimant Name: JOHN DOE

- \* Do you want to have 10% of your Unemployment Insurance benefit payments, including Federal Additional Compensation, withheld for Federal income tax?  Yes  No ?
- \* Do you want to have 3% of your Unemployment Insurance benefit payments, including State Additional Compensation, withheld for State income tax?  Yes  No ?
- \* Select your preferred method of receiving benefit payments  
 Direct Deposit     Debit Card  
If you selected Direct Deposit, enter the following information:  
a. Name on Bank Account:   
b. Bank Routing Number:  ?  
c. Financial Institution:   
d. Bank Account Number:  ?  
e. Confirm Bank Account Number:   
f. Account Type:  -Select- ?

Cancel    Finish Later    <Back    Next>

- Note: system “defaults” to Direct Deposit option. Claimant must select appropriate banking option and provide Bank information

- Screen where Claimant can update payment methods at any time

Unemployment System Alliance Partner  
 Welcome JOHN DOE

Partner of the American Job Center Network

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Motion To Reopen | View & Print 1099 | Provide PUA Proof of Eligibility | Update Claimant Profile | Contact Details | Payment Options | Verify E-mail

CIN-012

### Tax Withholding and Payment Method

\* Required Information

Claimant SSN: \*\*\*-\*\*-9999 | Claimant Name: JOHN DOE

- \* Do you want to have 10% of your Unemployment Insurance benefit payments, including Federal Additional Compensation, withheld for Federal income tax?  Yes  No ?
- \* Do you want to have 3% of your Unemployment Insurance benefit payments, including State Additional Compensation, withheld for State income tax?  Yes  No ?
- \* Select your preferred method of receiving benefit payments:
  - Direct Deposit  Debit Card

If you selected Direct Deposit, enter the following information:

  - Name on Bank Account:
  - Bank Routing Number:  ?
  - Financial Institution:
  - Bank Account Number:  ?
  - Confirm Bank Account Number:
  - Account Type:  ?

Cancel | Finish Later | <-Back | Next->

- Final Certification

### Benefit Rights Information

\* Required Information

Important highlights of the requirements to receive Unemployment Insurance benefits [BENEFIT RIGHTS INFORMATION](#).

**TO MAINTAIN ELIGIBILITY:**  
 You must timely file a weekly certification online at [www.ctdol.ct.gov](http://www.ctdol.ct.gov) or via the CTDOL mobile app, FileCTUI. The UI Online System and mobile app are available 24 hours a day, 7 days a week. To file a weekly certification using UI Online System and mobile app you will need to establish a user ID and password.

Each week starts at 12:01 am on Sunday and ends at midnight on the following Saturday. Your weekly certification should be filed timely as soon as possible after the Saturday week-ending date. UI System will only accept up to two of the most recently completed calendar weeks.

You must remain able to work and available for work. While filing weekly certifications to obtain benefits, you must answer whether or not you are physically able and available for work.

You may be interviewed periodically by American Job Center staff who will advise you regarding your compliance with this requirement. You may also be selected for an Enhanced Re-Employment Services program.

You must report any offer of work that you refused during the week that you refused the work.

If you return to work full-time, you must advise CTDOL of the date you returned to work. Do not wait until you receive your first paycheck.

\* Enter the last four digits of your Social Security Number as your electronic signature to acknowledge that you have read the BRI information.

\* Enter today's date to acknowledge that you have read the BRI information. MM / DD / YYYY  /  /

Cancel | Finish Later | <-Back | Submit

- Note: Once Claimant submits information, cannot immediately return to system to make edits

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- [MEUC Application](#)

CIN-039

## Important Weekly Certification Filing Instructions

Connecticut Department of Labor (CTDOL)

The process for filing your claim for Unemployment Insurance Benefits has been successfully completed. A claimant ID number will be assigned to you for claims identification. If determined eligible, your unemployment benefit payments will be paid electronically. If you have not already done so, you may choose to be paid through direct deposit to your personal bank account. If you choose not to be paid by direct deposit, a debit card will be issued to you.

**TO BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS YOU MUST:**

- (1) Be unemployed through no fault of your own as determined by Connecticut General Statutes.
- (2) Be able, available, and actively seeking full time work.
- (3) Be registered for work at the American Job Center unless you have a definite return to work date in the immediate future or are receiving benefits as part of the Shared Work program. If you live outside of Connecticut, you must register for work with the state workforce agency where you reside.

## Monetary Determination

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CIN-015

## Estimated Monetary Determination

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

Weekly Benefit Amount	\$153
Maximum Benefit Amount	\$397
Claim Effective Date	06/12/2022
Benefit Year End Date	06/10/2023

For information on the above table, select [?](#)

\*This is an estimate only and not a guarantee of Unemployment Insurance benefits. You will be mailed a Notice of Monetary Determination as your official notification of monetary eligibility within 5 business days.

[Next>](#)

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CIN-017

## Claim Confirmation

Claimant SSN \*\*\*-\*\*-9999 Claimant Name JOHN DOE

Your claim for Unemployment Insurance benefits is filed with an effective date of Sunday, June 12, 2022  
If you qualify for monetary benefits, you must file a certification each week to continue to receive benefits. For instructions on filing weekly certifications, select [BENEFITS RIGHTS INFORMATION](#).

If you have any questions regarding your claim, please visit the [FileCTUI.com](#) or your local [American Job Center](#).

To print this screen for your records, select [Print](#).

[Home](#)

You last logged in at 06/16/2022 10:39:34 AM

### Quick Links

- ▶ Unemployment Claim
- ▶ Weekly Certification
- ▶ Update Address
- ▶ Benefit Maintenance
- ▶ Make Repayment
- ▶ Inquiry

### Claim Information | Weekly Certification | Work Search | Payment Option Details

- ▶ Your Claim Period: 06/12/2022 to 06/10/2023
- ▶ Maximum Weekly Benefits: \$153.00
- ▶ Total Amount of Benefits for Your Claim Period: \$3978.00
- ▶ Remaining Balance of Benefits: \$3978.00

### News & Announcements

- ▶ **Benefits CLMT News**  
This is Benefits News for Claimant.

## Re-set Password

1. Log In to system
2. Enter USERID, select "Forgot Password"
3. System generates email to Claimant. Claimant must go back into system, enter "code" sent by system

## Forgot Password

Your password has been reset. You will receive an e-mail momentarily in the e-mail account you have registered with. Follow the instructions and login to your account using the link provided in the e-mail.

Login

Welcome to ReEmployCT, Connecticut's new unemployment system.

Language

### Create a claimant account

If you are a new unemployment filer and don't have a ReEmployCT account

or

you created an account before July 5, 2022

Create an Account

### Log In

User ID

PradnyaTestDemoOne

Password  
(Case sensitive)

\*\*\*\*\*

Login

[Forgot User ID](#) [Forgot Password](#)



### Need Help?

Our virtual assistant can reset your password and answer other questions.

## Change Password

\* Required Information

1. \* Current Password
2. \* New Password
3. \* Re-enter New Password for Confirmation

  
 ?  

Help

Submit

## Change Password

Password has been changed successfully.

Login

- Claimant must go back into system, log in with “New/Changed Password”