



# How to Request Access to File for a Multi-Claim Group

Welcome to the S.C. Department of Employment and Workforce's new benefits portal for employers. When you get to the login screen you will enter the account number and PIN that were sent to you by the agency as well as your FEIN *without* the dash.

EMPLOYER SELF-SERVICE LOG IN

**Login To Your Account**

Account Number:

Pin:

Fein:

Login

This process covers Requesting Access. When you have completed this process, it takes approximately two to three days to receive confirmation and then you can return to the system to begin filing claims.

Please note that if you have multi-claimant group access from the old system you will not have to request access again. You will use the information you already have for your account.

EMPLOYER SELF-SERVICE LOG IN

**Login To Your Account**

**Requesting Access**

Login

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EMPLOYER HOMEPAGE

Home Employer Filing Benefits Information **Multi-Claimant Group** My Alerts

ACCOUNT INFORMATION

Mailing Address: 1234 Success St.  
Metropolis SC 29111

Preferred Contact Method: bizaddress@gmail.com

Telephone: 800-123-4567

If a SIDES Participant, respond to request for information through SIDES Portal.

SMART LINKS

- View Recent Correspondence
- Respond to Request for Separation Information
- Respond to Additional Information for Claims Issues

BENEFIT INFORMATION	ACCOUNTS	BALANCES
Actual Benefit Charges	Employer Appeal	Tax Account \$0.00
File Claim	Incident of Late or Inadequate Responses	
Maintain SIDES Participants	Make Employer Filed Claim Payment	
Multi-Claimant Group	SIDES Participation	
Separation History	Submit Tip/Lead	
View Correspondence	View Seminar Information	
Withdraw Claim	Weekly Certification	

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You will start on the Employer Homepage. From here you will click the Multi-Claimant Group tab at the top of the page.



**MULTI-CLAIMANT GROUPS**

Home Employer Filing Benefits Information Multi-Claimant Group My Alerts

Doing Business As: Business Type: FEIN: 1234567 Liability Type: Contributory

Confirmation Number: Search Group Type: Add

Separation Begin Date	Group Type	Return to Work Date (If Any)	Location	Group ID	Last Update
Nothing found to display.					

Contact & Details

Title: Contact Name: Phone Number: Email Address: Fax Number: TAA Petition: Union Local:

Update Copy View List View History

When you arrive at the Multi-Claimant Groups page find the Group Type drop down menu on the top right. By clicking any one of these selections, you will trigger the system to gain access to complete a task on behalf of an employee group.

**MULTI-CLAIMANT GROUPS**

Home Employer Filing Benefits Information Multi-Claimant Group My Alerts

Doing Business As: Business Type: FEIN: 1234567 Liability Type: Contributory

Confirmation Number: Search Group Type: Add

Separation Begin Date	Group Type	Return to Work Date (If Any)	Location	Group ID	Last Update	Status
Nothing found to display.						

Contact & Details

Title: Contact Name: Phone Number: Email Address: Fax Number: TAA Petition: Union Local:

Update Copy View List View History

For this example we will click File a Claim for this field and then click the Add button to the right.

**EMPLOYER AFFIDAVIT FOR FILING UI**

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I Certify By The Use Of This Transaction That The Individuals Submitted For Unemployment Benefits For This Week:

- Are full time employees
- Are citizens of United states
- Are laid off temporarily for lack of work
- were not on scheduled vacation
- Have accepted all work made available to them
- Are without earnings for no more than six(6) weeks from layoff date
- Have been asked to report any odd - job earnings and that earnings will be recorded in the appropriate field
- Are not receiving a retirement pension
- Have been asked if they want to have State or Federal income taxes deducted from their weekly unemployment benefits and responses will be recorded in the appropriate fields
- Earned all wages during the base period in South Carolina, And had no out of state, federal or military employment within the last 18 months
- Did not perform services to,for,with or on behalf of a school or educational institution(this includes public and private schools or educational institutions and licensed pre-K providers with the exception of Head Start employees) and employee is not working due to a lack of work other than because of school closure (e.g. Summer break, customary school vacation period or holiday recess).

I agree to the above

If You Do Not Agree To The Above Information Select Cancel Below

Cancel Continue

When you click File a Claim the system will display an agreements page. This is unique to the File a Claim selection and will not appear if you click the other selections in the drop down menu. Please read and then click I agree to the above and then click Continue. If you do not agree then click Cancel.



**Multi-CLAIMANT GROUP: REQUEST ACCESS**

Home | Employer Filing | Benefits Information | Multi-Claimant Group | My Alerts

Doing Business As: Business Type: FEIN: 1234567 Liability Type: Contributory

Business Name: Account #: 654321

Provide instructions, Disclaimer, etc.

Employers may submit Separation information for Individual or groups of claimants via Multi-Claimant Groups. Employers must request and be granted access to these modules within Employer Self Service. Employers must remain in good standing or Multi-Claimant Group access may be revoked.

You must provide contact information and agree to the terms and conditions above. The above text is dummy text and each state should provide the instructions, disclaimers, etc.

Employer Contact Information

- \* Contact Title:
- \* Contact Name:
- \* Phone Number:  (999-999-9999)
- \* Email Address:  (xxx@yyy.zzz)
- \* Fax Number:  (999-999-9999)

I understand and agree to the terms and conditions above.

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The Multi-Claimant Group Request Access page will require some contact information for this request. All fields with an asterisk must be completed. When you have filled out this page and clicked the terms and conditions box, click submit.

**Multi-CLAIMANT GROUP: REQUEST ACCESS**

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Doing Business As: Business Type: FEIN: 1234567 Liability Type: Contributory

Pending

This is configurable by state. Each state should provide a message for the following scenarios.

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The next screen will confirm that your access request is pending. You may either logoff the system or use the tabs at the top of the page to navigate to another page in your account.

As a reminder, it takes approximately two to three days to process your request and then you will receive a letter granting access. At that time you can return to the system to begin filing claims for your group.

Good Afternoon | Friday, September 1, 2017 | Logoff

**EMPLOYER HOMEPAGE**

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ACCOUNT INFORMATION	SMART LINKS
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Preferred Contact Method: bizaddress@gmail.com	Respond to Request for Separation Information
	Respond to Additional Information for Claims Issues
Telephone: 800-123-4567	

If a SIDES Participant, respond to request for information through SIDES Portal.

BENEFIT INFORMATION	TAX INFORMATION	BALANCES
Actual Benefit Charges	Tax	\$0.00
File Claim	Incident of Late or Inadequate Response	
Maintain SIDES Participants	Make Employer Filed Claim Payment	
Multi-Claimant Group	SIDES Form	
Separation History	Submit Tip/Feedback	
View Correspondence	View Seminar Information	
Withdraw Claim		

**TelClaim**  
**1-866-831-1724**

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For more information on how to use the new benefits portal please see our other tutorials. If you have any challenges and need assistance, please call TelClaim at 1-866-831-1724.