

# How to Talk to your Employer about the Excluded Workers Fund



## Q: What do I ask my employer?

**A:** The Excluded Workers Fund will provide one time payments to workers who lost work-related or household income during the pandemic but who were not eligible for regular or pandemic unemployment benefits. I believe I am eligible and I can establish my eligibility by providing a letter from you attesting to my work before the pandemic and my loss of work or reduced hours during the pandemic. Will you please provide me with this letter?

## Q: What does the letter need to say?

**A:** The letter can be short. It should include:

- Name and location of your business, address of the work site where I was employed, and/or your contact information, including a phone number
- Verification that I worked for you
- Start and end dates of my employment
- One to two sentences stating that I lost my employment with or worked less hours for you as a result of the COVID-19 pandemic

## Q: Who will see this letter?

**A:** The Department of Labor will use the letter to confirm my eligibility for the fund but will not share any information with any city, state or federal agencies.

## Q: By when do you need this letter?

**A:** As soon as possible. The DOL has said that the application will open this August, and that it will accept applications until the fund runs out. I would like to be prepared to apply the first day that the application is available. There is a model letter on the back page.

## Q: Will this hurt my unemployment experience rating or trigger a payroll audit?

**A:** No. This program is completely separate from the state's unemployment insurance benefits program and will not in any way impact the taxes you pay towards unemployment.

## Q: I don't feel comfortable writing this letter. Is it necessary for you to apply?

**A:** Providing a letter from you as my former employer is one of the most sure ways of getting the maximum amount of benefits. There are other ways to apply, but they require more documentation such as paystubs, W2 statements, etc. Unfortunately, I don't have these documents. My family has really struggled during the pandemic, and accessing this fund would greatly help us get through this difficult time, help us put food on our table, & to get back on our feet.

## Q: How can I be sure I won't face consequences for providing this letter?

**A:** As the New York State Department of Labor just made clear on its website:

"Documents submitted to the DOL as part of the Excluded Worker Fund (EWF) application, including those from employers, are not public records and will be used for the sole purpose of EWF benefits administration. Disclosure of such to any other government agencies, including U.S. Immigration Customs Enforcement (ICE), is strictly prohibited by law for any purpose other than processing the application, unless legally required to do so pursuant to a lawful court order or judicial warrant."

# EXCLUDED WORKERS FUND WORK ELIGIBILITY LETTER

The Excluded Workers Fund (EWF) provides financial help to New Yorkers who lost income during the COVID-19 pandemic and were left out of various federal relief programs, including unemployment and pandemic benefits.

To receive funds, applicants must provide a number of documents to verify their identity, residency, and work eligibility. Each document submitted to prove work eligibility has a point value.

- To qualify for the **Tier 1** amount of \$15,600 (minus taxes), applicants need to establish a minimum of **5 points**.
- To qualify for the **Tier 2** amount of \$3,200 (minus taxes), applicants need to establish a minimum of **3 points**.

The successful completion of this letter is worth **5 points**.

Applicant Name: \_\_\_\_\_

*First Name, Last Name*

Employment Start Date: \_\_\_\_\_

*MM/DD/YYYY*

Date applicant lost employment or work hours for COVID-related reasons: \_\_\_\_\_

*MM/DD/YYYY (Date should be between  
March 2020 and April 2021)*

Reason for loss of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYERS ARE REQUIRED TO SUBMIT **ONE** OF THE FOLLOWING:

- A.** The employer's mailing address\* and the address of the site(s), within New York State, at which the applicant was employed; **or**  
\*Self-employed workers should use their own mailing address.

\_\_\_\_\_

*Mailing Address*

\_\_\_\_\_

*Address of Work Site(s)*

- B.** The employer's New York State Unemployment Insurance account number or Federal Employment Identification Number (FEIN); **or**

FEIN  
 UI ACCT

*Select One*

\_\_\_\_\_

*ID Number*

- C.** Contact information, including a phone number, for a representative of such employer who can verify the contents of the letter. (In selecting this option, a DOL representative may contact you, but only to confirm the information submitted here.)

\_\_\_\_\_

*Contact First & Last Name, Title, Phone Number and/or E-mail*

**Note to employers:** This letter can be filled out and submitted by self-employed applicants. Additionally, documents submitted to the DOL as part of the EWF application, including those from employers, are not public records and will be used for the sole purpose of EWF benefits administration. Disclosure of such to any other government agencies, including U.S. Immigration Customs Enforcement (ICE), is strictly prohibited by law for any purpose other than processing the application, unless expressly authorized by the individual applicant or legally required to do so pursuant to a lawful court order or judicial warrant. Submitting this letter will not impact an employer's unemployment insurance experience rating or contribution rate.

For more information on the Excluded Workers Fund, including eligibility requirements, visit [dol.ny.gov/ewf](https://dol.ny.gov/ewf).