

## Claim for Unemployment Benefits

### The following documents must be submitted together with this form:

- A letter from your employer confirmation termination of employment and stating the date of and reason for the termination (e.g., dismissal, resignation, unpaid leave, pension etc.).
- Confirmation from your employer concerning the period of your employment and salary (pp. 5-6 of this form, or the separate BL/1514 form may be submitted), or salary slips for the last 18 months of employment showing number of work days.

Those registering at the Employment Service bureau for the first time from April 1, 2013 onwards, must attach salary slips for at least 12 out of the last 18 months of work.

- **If you are currently undergoing vocational training:**  
Confirmation from the Employment Service Bureau regarding your referral to a course (form ST-22).

### For your information

- **Please note** that the clerk handling your claim may also request, at his/her own discretion, salary slips or employer confirmation in instances where the documents submitted are deficient in some of the data needed for the processing of your claim.
- **You must** register with the Employment Service Bureau immediately upon termination of employment. If you are not registered with the Bureau, your claim will be rejected.
- **By law, unemployment benefits will not be paid for a period exceeding 12 months retroactively from the date of submission of a claim.**
- **You may choose to receive correspondence by e-mail rather than by means of the postal service.** If you prefer this option, please fill in your e-mail address on the claim form. Please note that the National Insurance Institute will then be exempt from mailing correspondence via the postal service.

### Submitting a claim

- Please attach additional letters of confirmation as required by the various sections of the claim form.
- A claim with its attached documents may be submitted by fax, and there is no obligation to submit original documents. Please note, however, that the National Insurance Institute is entitled to request that the original document be presented, if the fax is unclear or for any other reason, at the discretion of the claims clerk.
- The claim form should be mailed or brought to the National Insurance Institute branch closest to your residence. If you have any questions please call \*6050 or 04-8812345.
- For further information, see the National Insurance Institute website: [www.btl.gov.il](http://www.btl.gov.il)

**You must sign the claim form.**

I.D. number \_\_\_\_\_

Page 1 out of 6

**National Insurance Institute**  
Annuities Authority  
Unemployment

<b>Stamp of receipt</b>
-------------------------

For internal use only (scan)	I.D. / passport no. _____
	___ pages
	Document type: 00

**Claim for unemployment benefits**

<b>1 Claimant's personal details</b>						
Family name		Previous family name		First name		
				I.D. number _____		
Date of birth ____ / ____ / _____ dd mm yyyy			Sex ___ male ___ female			
Personal status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced, children in custody of ___ <input type="checkbox"/> domestic partner ship						
<b>Children aged 18-24</b>						
➤ Student/soldier/National Service: I.D. no. _____						
Date of discharge/completion of studies _____ <b>Please attach letter of confirmation</b>						
➤ Student/soldier/National Service: I.D. no. _____						
Date of discharge/completion of studies _____ <b>Please attach letter of confirmation</b>						
➤ Student/soldier/National Service: I.D. no. _____						
Date of discharge/completion of studies _____ <b>Please attach letter of confirmation</b>						
<b>Address (as listed with the Ministry of the Interior)</b>						
Street name/P.O.B.		Street #	Entrance	Apt #	Town	Zip code
<b>Address for correspondence (if other than address listed above)</b>						
Street name/P.O.B.		Street #	Entrance	Apt #	Town	Zip code

<b>2 Claimant's bank account details</b>			
Names of account holders			Type of account
			<input type="checkbox"/> private <input type="checkbox"/> kibbutz
Name of bank	Branch name/address	Branch no.	Account number

<b>3 Period of unemployment</b>
<b>Please note the first month during which you presented yourself at the Employment Service Bureau and for which you are requesting unemployment benefits</b> ____ / _____ mm yyyy
<b>Please note: If you do not register with the Employment Service, your claim will be rejected.</b>

<b>4 If you are not yet 20 years old (check the appropriate box and complete details)</b>
<input type="checkbox"/> 1. I am a discharged soldier <input type="checkbox"/> deferred service <input type="checkbox"/> exempt from IDF * <b>Attach confirmation</b> <input type="checkbox"/> 2. I performed National Service from _____ until _____ . <input type="checkbox"/> 3. I am the sole provider for my family, consisting of ___ parents    ___ siblings    ___ children <input type="checkbox"/> 4. I have a child for whom I am the main provider. <input type="checkbox"/> 5. Spouse's income _____ * <b>Attach salary slip</b>

<b>5 If you are not yet 45 years old, the following concerns your spouse's income</b>
<input type="checkbox"/> not working <input type="checkbox"/> income from salaried work (please attach latest pay slip) <input type="checkbox"/> income from occupation (free professions) <input type="checkbox"/> income from pension (please attach latest pension slip)

<b>6 Details regarding education, profession, and employment (check box and/or fill in answer as needed)</b> (Information for statistical purposes only)		
Last school you attended: <input type="checkbox"/> I did not attend school at all <input type="checkbox"/> post high-school, non- academic <input type="checkbox"/> elementary	<input type="checkbox"/> academic <input type="checkbox"/> regular high school <input type="checkbox"/> vocational high school	<input type="checkbox"/> other, explain _____ _____
Total years of study (including university, not including technical courses)	Main profession	
How did you acquire your main profession? <input type="checkbox"/> Post-elementary school study or higher learning <input type="checkbox"/> Civil vocational training course <input type="checkbox"/> On-the-job practical training <input type="checkbox"/> army course <input type="checkbox"/> other, explain _____		
Total years of work at all your places of employment: _____		

7 Details concerning places of employment during the last 24 months								
Details	Last employer				A previous employer			
Name of work place								
Address of place of work	Street name/ P.O.B	Street #	Town	Zip code	Street name/ P.O.B	Street #	Town	Zip code
Main sphere of occupation of the place of work (e.g. elementary school, food factory, police, etc.)					X			
Type of work/position you held (e.g., teacher, unskilled laborer, diamond polisher, etc.)					X			
Period of employment	From _____ until _____ Total: ___ years ___ months				From _____ until _____ Total: ___ years ___ months			
Full-time (100%) or part-time (fill in percentage) position	_____ %				_____ %			
Are you currently, or were you in the past, one of the owners of the company/business?	<input type="checkbox"/> no <input type="checkbox"/> yes				<input type="checkbox"/> no <input type="checkbox"/> yes			
Are you today / were you in the past defined by the Income Tax Authority as holding a controlling interest (as defined in section 32 of the Israeli Income Tax Ordinance)	<input type="checkbox"/> no <input type="checkbox"/> yes				<input type="checkbox"/> no <input type="checkbox"/> yes			
Are there family ties between you and the employer?	<input type="checkbox"/> no <input type="checkbox"/> yes, explain _____				<input type="checkbox"/> no <input type="checkbox"/> yes, explain _____			
Reason for termination of employment (check the appropriate box and explain as necessary)	<input type="checkbox"/> dismissal, as of date _____ <input type="checkbox"/> unpaid leave, from _____ until _____ <input type="checkbox"/> end of seasonal work, as of date _____ <input type="checkbox"/> resignation as of date _____ Reason: _____ <input type="checkbox"/> suspension from work, as of date _____ <input type="checkbox"/> voluntary retirement as of date _____ <input type="checkbox"/> retirement at employer's initiative as of date _____				<input type="checkbox"/> dismissal, as of date _____ <input type="checkbox"/> unpaid leave, from _____ until _____ <input type="checkbox"/> end of seasonal work, as of date _____ <input type="checkbox"/> resignation as of date _____ Reason: _____ <input type="checkbox"/> suspension from work, as of date _____ <input type="checkbox"/> voluntary retirement as of date _____ <input type="checkbox"/> retirement at employer's initiative as of date _____			
<b>Important!</b> <b>If you resigned for a justified reason, please attach appropriate confirmation.</b>								
Did you receive compensation from your employer for failure to give prior notice?	<input type="checkbox"/> no <input type="checkbox"/> yes, from _____ until _____				<input type="checkbox"/> no <input type="checkbox"/> yes, from _____ until _____			

**8 Details concerning military or national service during the 36 months preceding unemployment**

Date of commencement of mandatory military service or National Service ____/____/_____ dd mm yyyy	Date of conclusion of mandatory military service or National Service ____/____/_____ dd mm yyyy	Date of conclusion of Permanent Force service ____/____/_____ dd mm yyyy
---	---	--

<b>9</b>	<b>Details concerning occupation and income during unemployment period</b> (check the appropriate box and complete as necessary)
<input type="checkbox"/> Retirement annuity or pension <b>Please attach pension slip only for the first month for which you are claiming unemployment benefits</b>	
<input type="checkbox"/> <b>If you are self-employed</b> – type of business _____ Date business opened _____ <input type="checkbox"/> <b>If you are a salaried employee</b> – name of employer _____ <b>Please attach a salary slip for each month of the period for which you are receiving unemployment pay.</b>	
<input type="checkbox"/> I have no income from any of the above sources.	
<input type="checkbox"/> <b>For individuals over the age of 60</b> – Have you submitted a claim for old-age benefits? ___ no                    ___ yes, date _____	

<b>10</b>	<b>Candidacy for law or accounting exams (if you intend to take the exam, please fill in this section)</b>
<input type="checkbox"/> I have registered for examination in Practical Topics in writing, as per the directives of the Bar Association Law- 1961. Date of examination _____	
<input type="checkbox"/> I have registered for the final examination, part II, in Advanced Financial Accounting set by the Accountants Council in accordance with the Accountants Act -1933. Date of examination _____.	
<input type="checkbox"/> I have registered for the final examination, part II, in Accounts Auditing and Special Auditing Problems, set by the Accountants Council in accordance with the Accountants Act. Date of examination _____	

<b>11</b>	<b>Tax exemption and tax credits</b>
<b>If you have a full/partial Income Tax exemption, please attach confirmation from the Income Tax Authority.</b> <b>Attention!</b> If you pay alimony you might be eligible for another Income Tax credit point. You will need to produce appropriate confirmation.	

<b>12</b>	<b>Declaration</b>
<p>I, the undersigned, hereby submit a claim for unemployment benefits in accordance with the details I have supplied on this form. I hereby declare that all the details in the claim and attached documents are full and correct. I undertake that so long as I am entitled to unemployment benefits, I will notify the National Insurance Institute immediately upon any change in any of the details of this claim, including changes in my income from salaried work, occupation, pension, or other National Insurance Institute allowance.</p> <p>For an employee suspended from work: I undertake to inform the National Insurance Institute concerning salary payments or payment supplements that are paid to me for the period of suspension, including payments carried out retroactively.</p> <p>I am aware that in accordance with the National Insurance Institute Act, a person who deceitfully or knowingly causes an allowance under this Act to be approved or increased, by concealing details that are pertinent to the case, trespasses the law and is liable to be fined and</p>	

jailed.

I am aware that any change in any of the details that I have conveyed on this form or in the attached documents, may influence my right to an allowance or the creation of a debt, and I therefore undertake to inform of any change within 30 days.

I agree that the bank named above will repay sums from my account to the National Insurance Institute, as per its demand, if the National Insurance Institute deposits in my account any payment that is made wholly or partially unwittingly or unlawfully.

The claim will not be handled unless it is signed.

Date \_\_\_\_\_ Claimant's signature \_\_\_\_\_

I.D. number \_\_\_\_\_

**National Insurance Institute**  
Annuities Authority  
Unemployment

**Stamp of receipt**

For internal use only (scan)	_____ I.D. / passport no.  _____ pages  Document type: 00
------------------------------	--

**Confirmation by employee concerning period of employment and wages**

<b>I Employer details</b>						
Name of employer				Employer file number		
Street name/P.O.B.		Street #	Entrance	Apt. #	Town	Zip code
Telephone		Fax		e-mail		
<b>Address for correspondence (if different from above address)</b>						
Street name/P.O.B.		Street #	Entrance	Apt. #	Town	Zip code

<b>II Details of salaried employee</b>						
We hereby confirm that the individual specified below was a salaried worker in our employ and his employment was terminated as per the details below:						
Family name	First name	ID number	Period of employment from		until	
		_____	__/__/____ dd mm yyyy		__/__/____ dd mm yyyy	
Reason for termination of employment:						
<input type="checkbox"/> Retirement – at employer’s initiative <input type="checkbox"/> Retirement – at employee’s initiative <input type="checkbox"/> Unpaid leave at employer’s initiative <input type="checkbox"/> Unpaid leave at employee’s initiative <input type="checkbox"/> Other – please explain: _____						
For an employee on unpaid leave, please state period of unpaid leave				Comments regarding reason for termination of employment		
From _____ until _____				_____		
Vacation days remaining _____				_____		
Wages paid on		Number of work days per week	Number of work hours per day	Shift work	Work on Shabbat/festivals	Entitled to retirement pension
<input type="checkbox"/> monthly <input type="checkbox"/> daily <input type="checkbox"/> hourly <input type="checkbox"/> other ___ basis						
Compensation paid for lack of prior notice (days/months):		The employee is currently or was in the past one of the owners of the company		Is/was the employee now/in the past defined by the Income Tax Authority as holding a controlling interest (as defined in section 32		
From __/__/____ dd mm yyyy						



Until __ / __ / ____ dd mm yyyy	<input type="checkbox"/> no <input type="checkbox"/> yes	of the Income Tax Ordinance) in a close-held corporation? <input type="checkbox"/> no <input type="checkbox"/> yes
Wages paid <input type="checkbox"/> into bank account <input type="checkbox"/> by check <input type="checkbox"/> in cash <input type="checkbox"/> other _____	There is a family connection between you and the employee <input type="checkbox"/> no <input type="checkbox"/> yes, details _____	

<b>Employer's declaration</b>
I hereby declare that I have conveyed all the details relating to the employment of the employee as required in this section.
Date _____ Signee signature and position _____ Employer/company signature and stamp _____

<b>III Details concerning employment and wages</b>							
1. Fill in details concerning the salaried worker's employment and wages for at least 12 out of the 18 months preceding the date of termination of employment, including the last month of employment. 2. If the employee was employed for 12 or more months out of the past year and a half, a listing of the last 12 months will suffice. 3. Salary components that are not deductible for purposes of the National Insurance Institute should not be included, nor payments to the employee after severance of employer-employee relations							
<b>Details of salaried employee</b>			Family name		First name		ID number
No	Of year/month	Gross salary deductible for NII purposes, in NIS including other deductions and payments	NII and health insurance deductions	Full time (100%) / part time position %	Number of work days for which the wages were paid including religious holidays, ----	Absences for which no wages were paid	
						# of days	Reason
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

**IV Details of one-time payments and supplements included in wages**

Under the "payment" column for one-time payments, write the wage component, e.g., vacation, clothing, one-time payment, 13<sup>th</sup> pay slip, seasonal bonus, etc. Under the "supplements" column (including overtime and premiums) write "supplements" and note for which months they were paid.

Payment	For month	Amount paid in NIS	For period	
			From	Until
Other reason for change in wages -				
Employer signature and stamp _____				