

CSS Creating a New Account Tutorial

Welcome to the Claimant Self Service logon. After reviewing this module you will know how to create an Uplink Account.

Claimant Self Service Logon

User Logon

Be sure to check your Claimant Homepage 2 to 3 times per week to avoid delays in your benefits!

Username* **Password***

Logon

[New User?](#) [Forgot Password?](#) [Forgot Username?](#)

DWD News for Uplink Users 7

- 1099G
- Job Opportunities
- Treasury Offset Program
- Unemployment insurance recipients can choose to have both federal and state income taxes withheld from benefits
- Reset Passwords to Login
- New Requirement to Receive Unemployment Insurance Benefits Starting October 2013
- Make Sure to Validate Your Address

If you are a first time user of Uplink, click on the New User button to create an account.

Create Account

Fields marked with an asterisk * are required.

Login Details

Email Address *

[Don't have an email address? Click here!](#)

Confirm Email Address *



Password *



Confirm Password *



Security Question *



Answer *

Personal Information

First Name *

Middle Initial

Last Name *

Suffix

SSN *



Confirm SSN *



Date of Birth *



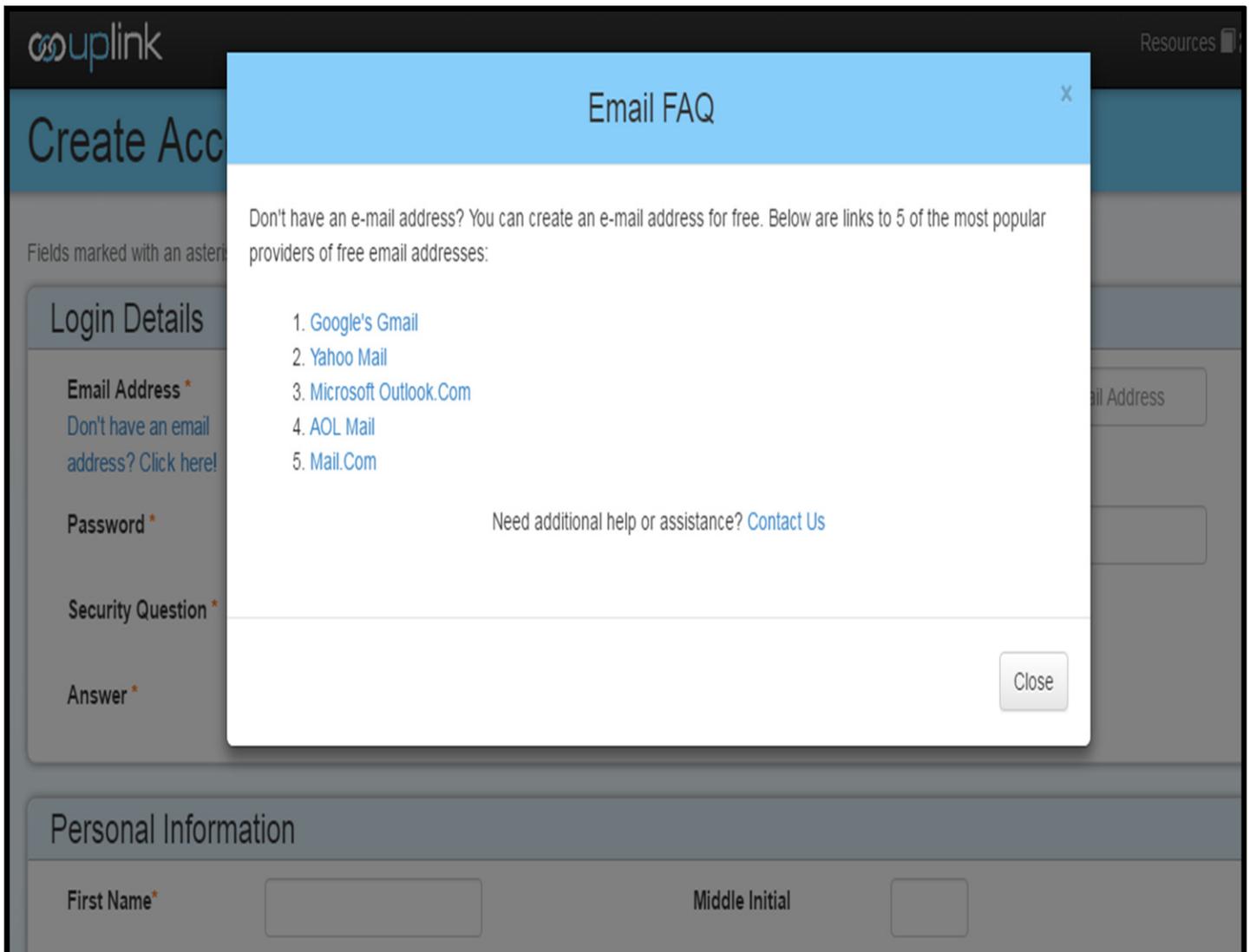
(mm/dd/yyyy)

[Exit to Logon Screen](#)

[Create Account](#)

To create an account under the Login Details, you will be asked to enter an email address. If you do not have an email address click the “Don’t have an email address?” link for guidance on how to create a free email account. Once you create your email address, you will be asked to confirm the email address. After confirming your email address, please enter a password. Confirm your password. Next, select a security question and answer and move forward to the Personal Information section.

The following information must be provided – First name, Last Name and Social Security number. You will be asked to confirm the Social Security Number entered. Enter your Date of Birth. Once all the information is entered, the last step on this page is to click the Create Account button.



If you do not have an email address, you can click on one of the five providers to create a free email account. If you need further assistance click on the Contact Us link.

Create Account Confirmation - Mozilla Firefox

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Create Account Confirmation

***** STOP *****

Please take time to check your **Social Security Number** and **Date of Birth**.
This information will be verified with the Social Security Administration.
If you need to correct the information displayed below, please click **Edit**.
If your information is correct and you would like to continue, click **Confirm Account**.

Account Summary

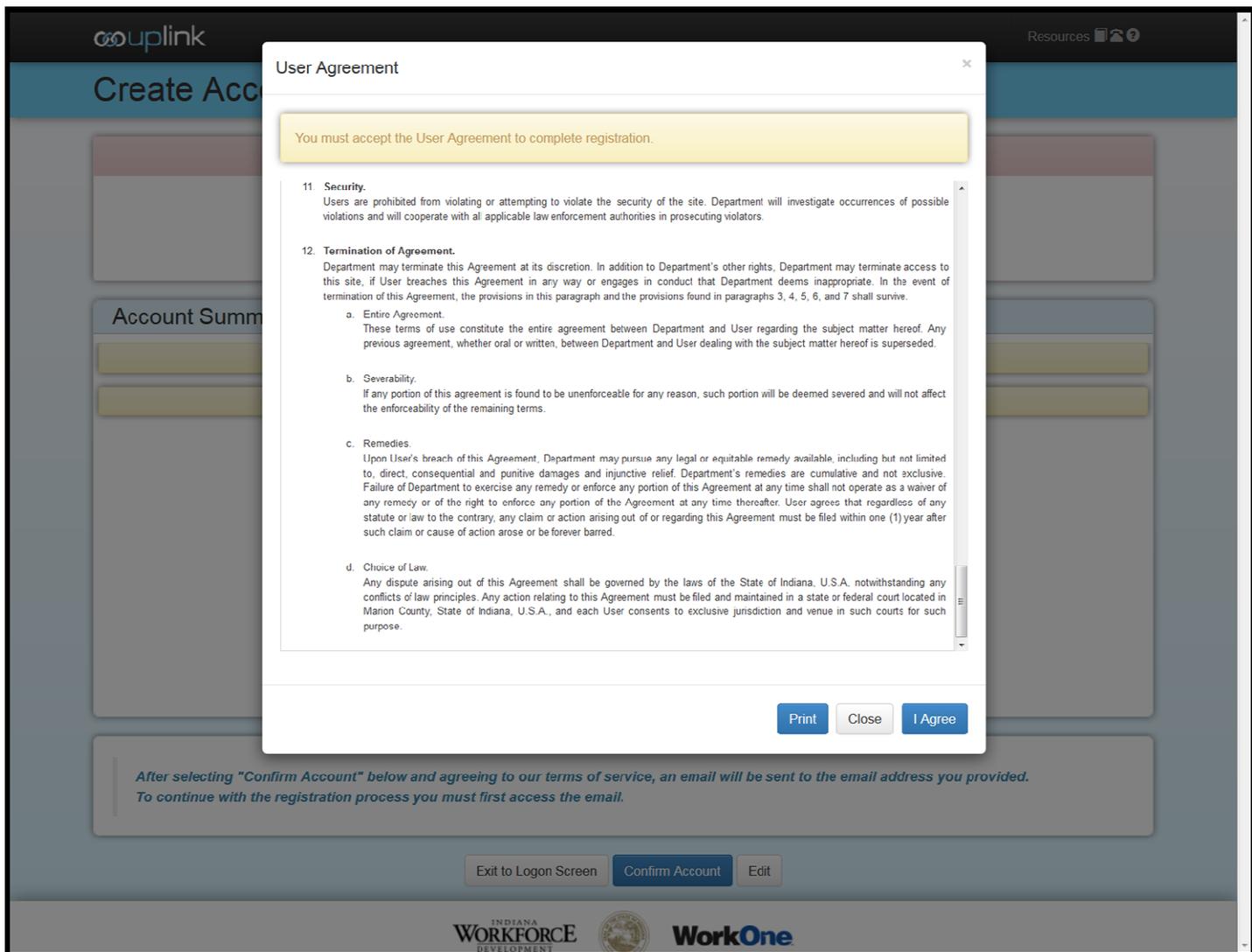
Social Security Number	*** - ** - ****
Date of Birth	06/28/1983
First Name	Clark
Middle Initial	M
Last Name	Kent
Suffix	
Email Address	DMCDOWELL0402@GMAIL.COM
Security Question	What is your father's middle name?
Answer	*****

After selecting "Confirm Account" below and agreeing to our terms of service, an email will be sent to the email address you provided.
To continue with the registration process you must first access the email.

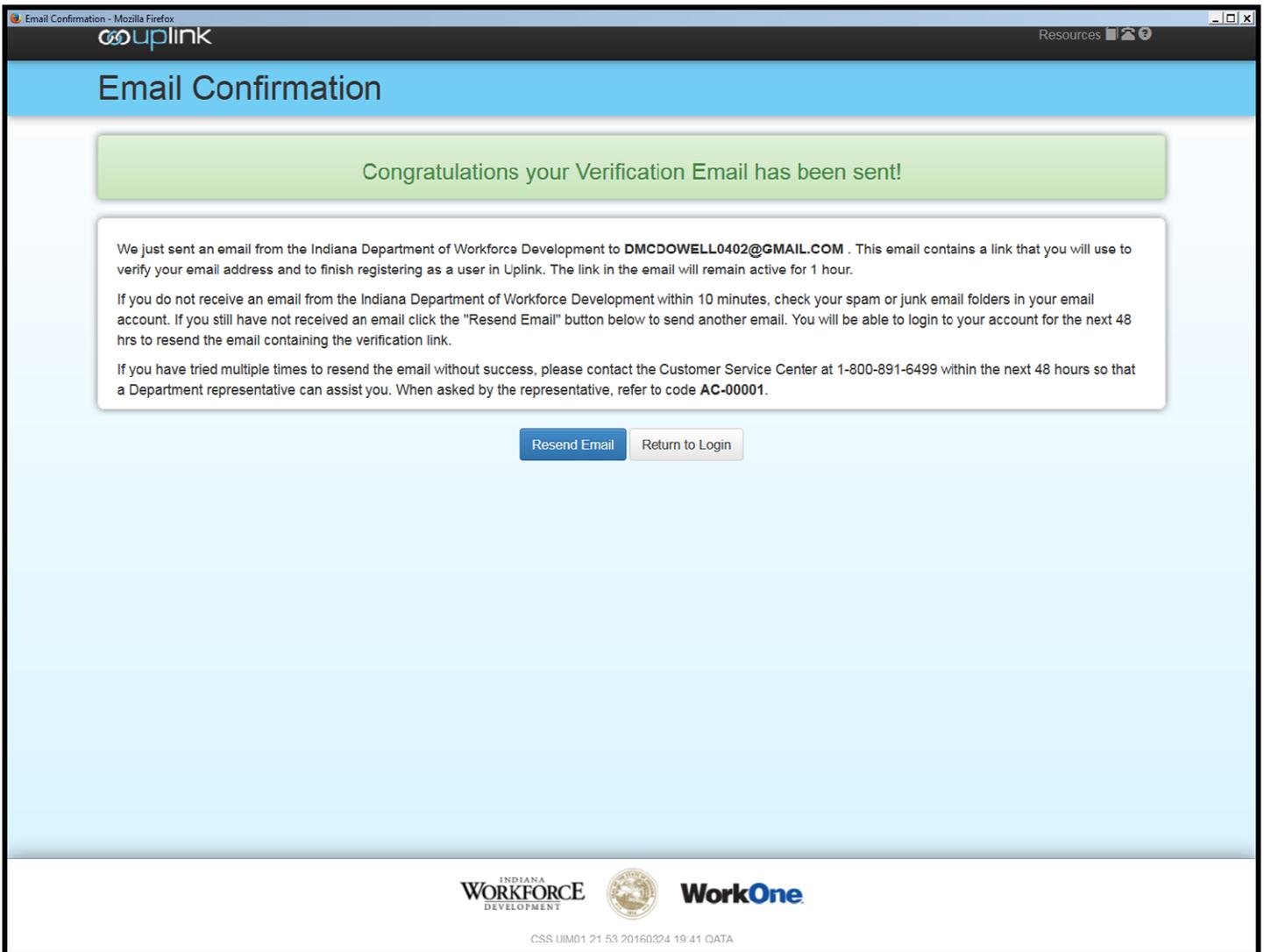
[Exit to Logon Screen](#) [Confirm Account](#) [Edit](#)

INDIANA WORKFORCE DEVELOPMENT  WorkOne

This is the Create Account Confirmation screen, please take time to check your social security number and date of birth. This information will be verified with the Social Security Administration. If you need to correct the information displayed, please click the Edit button located at the bottom of the page. If your information is correct and you would like to continue, click the Confirm Account button at the bottom of this page.

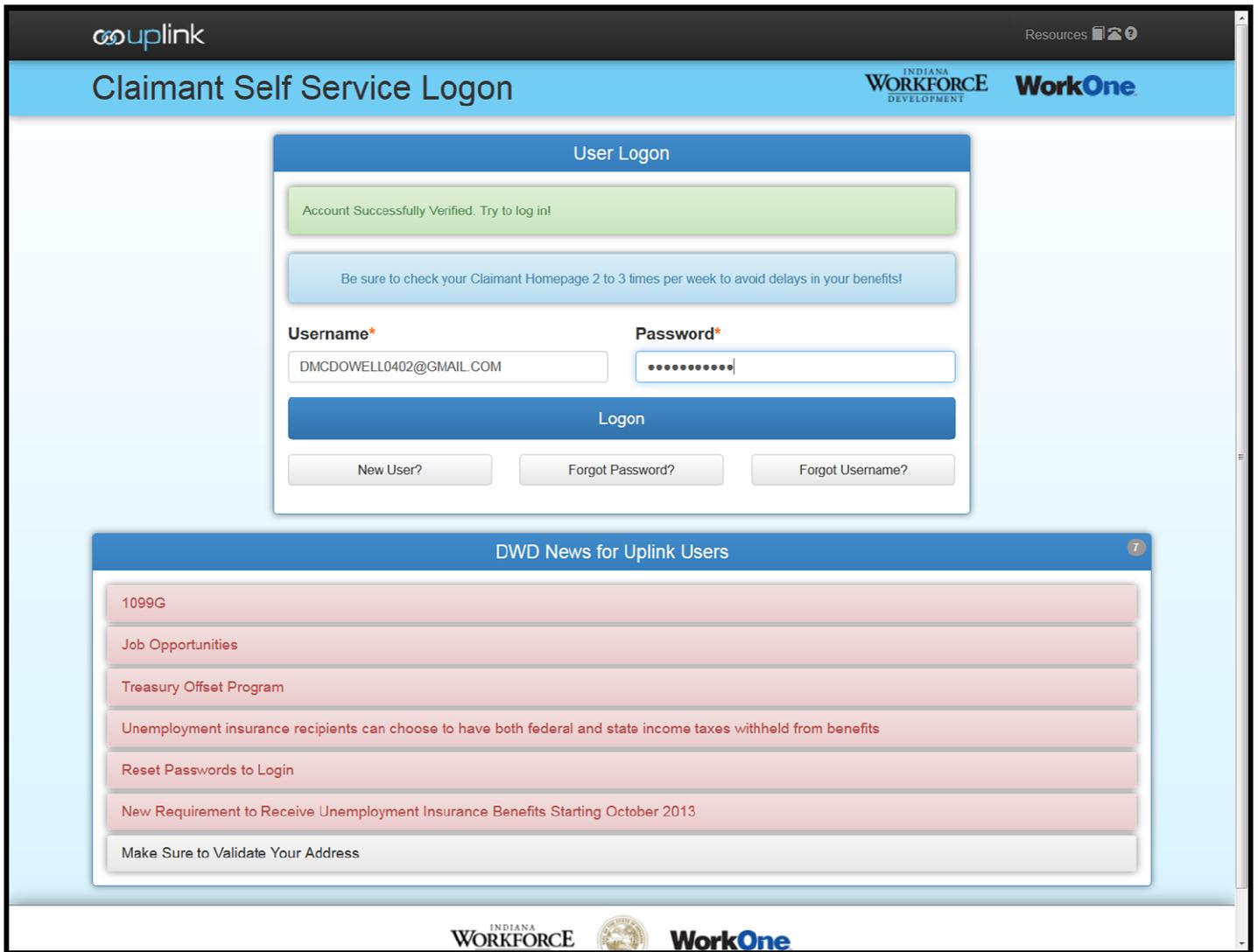


This is the User Agreement. You must read through this entire agreement by using the scroll bar on the right hand side of the page. Once you have read through the User Agreement, click the I Agree button on the bottom of this page to complete the registration process.



This is the Email Confirmation screen, your verification will be sent to the email address you provided during registration. This email contains a link that you must click on to connect to the Uplink Claimant Self Service logon screen. The link in this email will remain active for one hour. You should expect to receive this confirmation email from the Department of Workforce Development within ten minutes. Check your spam or junk email folders on your email account.

If you still have not received an email, click the Resend Email button to send another email. You will be able to log into your account for the next 48hrs to resend the email containing the verification link. If you need assistance, please contact the Department at 1-800-891-6499.



This is the Claimant Self Service Logon screen. Please note the account was successfully verified. This is where the Username and Password created during registration should be entered.

Claimant Registration: Contact Information - Mozilla Firefox

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Claimant Registration: Contact Information

Fields marked with an asterisk * are required.

Contact Details

Primary Telephone *	<input type="text"/>	Alternate Telephone	<input type="text"/>
	(XXX-XXX-XXXX)		(XXX-XXX-XXXX)
Email Address *	<input type="text" value="DMCDOWELL0402@GMAIL.COM"/>		

Address Details

Country *	<input type="text" value="USA"/>		
Mailing Address *	<input type="text"/>	City *	<input type="text"/>
	<input type="text"/>	State *	<input type="text"/>
Zip Code *	<input type="text"/>	-	<input type="text"/>

[Next](#)

INDIANA WORKFORCE DEVELOPMENT  WorkOne

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Part of the Claimant Registration process is entering your contact information. Under the Contact Details section, please enter your Primary Telephone number, an Alternate Telephone number (if you have one), and your Email Address.

Under the Address Details section, please include your Mailing Address, City, State and Zip Code. Once this information is complete, please click on the Next button.

Claimant Registration: Demographic Information - Mozilla Firefox

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Claimant Registration: Demographic Information

Fields marked with an asterisk * are required.

Demographic Details

Education Level *	<input type="text"/>	Disabled *	<input type="radio"/> Yes <input type="radio"/> No
Ethnicity *	<input type="text"/>	Veteran *	<input type="radio"/> Yes <input type="radio"/> No
Race *	<input type="text"/>	Citizen *	<input type="radio"/> Yes <input type="radio"/> No
Gender *	<input type="text"/>	Alien Registration Number	<input type="text"/>

Note: Enter alien registration number, only if not a citizen

Alien Registration Expiration Date

Have you worked under a different last name within the past 18 months? * Yes No

INDIANA WORKFORCE DEVELOPMENT  WorkOne

CSS UJM01 21 53 20160324 19:41 QATA

To continue with the Claimant Registration, you will come to the Demographic screen. Under the Demographic Details section, please include your Education Level, Ethnicity, Race, and Gender.

You will be asked the following Yes or No questions:

- Are you Disabled?
- Are you a Veteran?
- Are you a citizen of the United States?

If you answer “No” to this question “Are you a citizen of the United States?”, please provide your Alien Registration Number and the expiration date. You will also be asked if you have worked under a different last name within the past 18 months. Once this information is completed, please click the Next button.

Claimant Registration: BMV Verification

Fields marked with an asterisk * are required.

Do you currently have a Driver's License or Identification Card issued by the State of Indiana?

Yes

No

Next

On the BMV verification screen, you will be asked if you have a valid Driver's License or Identification Card issued by the State of Indiana. An explanation is provided about when a Driver's License is valid or invalid in the State of Indiana. Answer Yes or No then click the Next button.

Claimant Registration: Personal Information

[Home](#) / Change Personal Information

Personal Information

Contact Information

Demographic Information

Security Settings

WorkOne Location

Fields marked with an asterisk * are required.

Personal Information

First Name*	<input type="text" value="SAM"/>	Middle Initial	<input type="text" value="H"/>
Last Name*	<input type="text" value="HOOSTER"/>	Suffix	<input type="text" value=""/>
SSN	<input type="text" value="....."/>	Date of Birth	<input type="text" value="11/11/1956"/> (mm/dd/yyyy)

Fields marked with an asterisk * are required.

Driver's License Card Details

Do you have an Identification Card or valid Driver's License issued by the State of Indiana?*

Your Indiana Driver's License is valid even if it is expired or is a conditional license as long as it is not subject to an effective suspension/invalidation, probation period, or reinstatement requirement. If your Indiana Driver's License is subject to an effective suspension/invalidation, probation period, or reinstatement requirement, then it is invalid. For more information about how to determine a status on your Driver's License, please [click here](#)

Yes No

Under the Registration process you will enter Personal Information, such as your First and Last name, Middle Initial, Suffix, your Social Security Number, your Date of Birth.

Under the Driver's License Details section, there is a link that is available to find the status of your Indiana Driver's License, if it is subject to an effective suspension/invalidation, probation period, or reinstatement requirement.

Click the blue [Click Here](#) link to determine the status of your Driver's License.

Claimant Registration: BMV Verification

Fields marked with an asterisk * are required.

Driver's License Card Details

Do you have an Identification Card or valid Driver's License issued by the State of Indiana?*

Your Indiana Driver's License is valid even if it is expired or is a conditional license as long as it is not subject to an effective suspension/invalidation, probation period, or reinstatement requirement. If your Indiana Driver's License is subject to an effective suspension/invalidation, probation period, or reinstatement requirement, then it is invalid. For more information about how to determine a status on your Driver's License, please [click here](#)

Yes No

Please enter the information below as it appears on your current Driver's License or Identification Card. Do not guess at a value. You must include the information as it appears on your Driver's License or Identification Card.

License/ID # * :

Height * :

Weight (lbs) * :

We use this information from your Identification Card or Driver's License to verify your identity and to help us detect potential identity theft and fraud issues.

Next

Under the BMV Verification screen, the Driver's License Cards Details section will appear once you answer the Yes or No question. Once you have verified the status of your Driver's License, please enter the information below exactly as it appears on your Indiana State Driver's License or Identification Card. Enter your License or Identification Number, your Height and Weight.

Please note we use this information to verify your identity and to help us detect potential identity theft and fraud issues. To proceed through this application, click the Next button.

Personal Information Contact Information Demographic Information Security Settings Work/Job Location

Fields marked with an asterisk * are required.

Personal Information

First Name*	<input type="text" value="SAM"/>	Middle Initial	<input type="text" value="H"/>
Last Name*	<input type="text" value="HOOSTER"/>	Suffix	<input type="text" value=""/>
SSN	<input type="password" value="....."/>	Date of Birth	<input type="text" value="11/11/1956"/> <small>(mm/dd/yyyy)</small>

Fields marked with an asterisk * are required.

Driver's License Card Details

Do you have an Identification Card or valid Driver's License issued by the State of Indiana?*

Your Indiana Driver's License is valid even if it is expired or is a conditional license as long as it is not subject to an effective suspension/invalidation, probation period, or reinstatement requirement. If your Indiana Driver's License is subject to an effective suspension/invalidation, probation period, or reinstatement requirement, then it is invalid. For more information about how to determine a status on your Driver's License, please [click here](#)

Yes No

Please enter the information below as it appears on your current Driver's License or Identification Card. Do not guess at a value. You must include the information as it appears on you Driver's License or Identification Card.

License/ID # * :

Height * : feet inches

Weight (lbs) * :

We use this information from your Identification Card or Driver's License to verify your identity and to help us detect potential identity theft and fraud issues.

Once you have verified that the information you entered is correct, please click on the Save button.

Claimant Homepage

Confirmation History

Correspondence History

TO-DO

[File a New Unemployment Insurance Claim](#)

PAYMENTS

Voucher Status	Benefit Week	File Date	Payment Date	Claimant Pay	Entitlement	Paid to Card
No payments found						

CLAIMS

Claim Status	Program	BYE	Paid to Date	MBA	WBA	RBA
No claims found						

Looking for additional information?

[The Unemployment Information Homepage](#) contains links to Frequently Asked Questions, Employment Services, Handbooks, Debit Card Information, Veterans Programs and much more!



This is the Claimant Homepage. You have now completed the Claimant Registration process. If you have further questions, please contact the Department at 1-800-891-6499.