

Mail Date: 00/00/00

For Office Use Only: 0000

Benefit Year Beginning Date: 00/00/00

\* Claimant's Name  
Claimant's Address  
City, ST Zip Code

\*

### Notice of Potential Overpayment

Our information shows that you may have been overpaid **\$00.00** in unemployment benefits. An overpayment is when you receive benefits you are not eligible for. If you do not agree with the information on this form, you must contact us by <date> and provide the reason why you disagree. If you do not contact us, we will assume our information is correct and will mail you a *Notice of Overpayment* with the amount you must repay.

**Important:** If box **B** is checked on the bottom of this form, you can apply for an overpayment waiver. Complete and return the attached *Application for Overpayment Waiver* (DE 1446UI) to the address or fax number below by <date>.

**If you do not agree with the information on this form, contact us by <date>:**

- By Mail: <Insert Address>
- By Fax: <Insert Fax No.>
- By Phone: English and Spanish: 1-800-300-5616  
Cantonese: 1-800-547-3506  
Mandarin: 1-866-303-0706  
Vietnamese: 1-800-547-2058  
California Relay Service (711): Provide the UI number (1-800-300-5616) to the operator  
TTY: 1-800-815-9387

Our information shows that benefits were paid to you but:

1.  They were not reduced based on the earnings you or your employer reported. Refer to the table below.
2.  They were not reduced based on your participation in Work Sharing.
3.  You were later disqualified under code section **000**.
4.  You did not report that you were fired.
5.  You did not report that you quit.
6.  You did not report that you were not able and available for work.
7.  The mandatory one-week waiting period was not completed.
8.  You worked and did not report any earnings.
9.  Your weekly benefit amount was reduced from \$00.0 to \$00.00.
10.  Your maximum benefit amount was reduced from \$00.0 to \$00.00.
11.  Other reason:

**Important information on other side of this notice.**

Your employer has provided the following information:

**Employer Name: Employer's Name**

**Employer Address: Employer's Address**

**Last Day of Work: 00/00/00**

**Reason for Separation:**

| Week Ending | Earnings Employer Reported | Earnings You Reported | Benefits Paid |
|-------------|----------------------------|-----------------------|---------------|
| 0           | \$ 00.00                   | \$ 00.00              | \$ 00.00      |
| 0           | \$ 00.00                   | \$ 00.00              | \$ 00.00      |
| 0           | \$ 00.00                   | \$ 00.00              | \$ 00.00      |
| 0           | \$ 00.00                   | \$ 00.00              | \$ 00.00      |
| 0           | \$ 00.00                   | \$ 00.00              | \$ 00.00      |
| 0           | \$ 00.00                   | \$ 00.00              | \$ 00.00      |

Review additional weeks attached.

- A.  If we determine that you intentionally gave false information or withheld information, the overpayment is considered fraud. You will have to pay a 30-percent penalty of **\$00.00** in addition to the amount shown above. If you would like to provide information about this potential false statement, answer questions on the enclosed *Notice of Potential False Statement*, sign and date the notice, and return it to the EDD.
- B.  You can apply for an overpayment waiver. Complete and return the attached *Application for Overpayment Waiver* (DE 1446UI) to the address or fax number above by <date>.

SUS DT:  B ( )