

REQUEST FOR ADDITIONAL INFORMATION

Name and Address of Employer

Claimant Name
Claimant Mailing Address
Claimant City, State, ZIP

Mail Date:

EDD TOLL FREE TELEPHONE NUMBER:
1-866-401-2849

Your assistance and cooperation are requested. The Employment Development Department must ensure that all charges made against your account are correct. To do this, we are asking for your help to verify the validity of the information provided by the individual named below when he or she filed a claim for unemployment insurance benefits. You do not need to respond to this request unless you feel the claim information listed below is potentially fraudulent or the employee is still working for you. The information is requested in accordance with Sections 1085 and 1092 of the Unemployment Insurance Code.

SSA No.:

Claim Effective Date:

Name:

IF THE EMPLOYEE NAMED ABOVE IS STILL WORKING FOR YOU OR YOU HAVE REASON TO BELIEVE THIS MAY BE A POTENTIALLY FRAUDULENT CLAIM, PLEASE COMPLETE AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE WITHIN 10 CALENDAR DAYS FROM THE ABOVE MAIL DATE. In addition, please provide copies of other identity-related documentation (such as a photo ID of the employee; the I-9, Employment Eligibility Verification form, signed by the employee; or a copy of the most recent W-2 that was issued to the employee) that would assist the Department in determining the validity of information provided by the claimant for unemployment insurance benefits. You are not required to provide this information; however, doing so may help to protect your account. Be sure to include the above social security number on each document you submit.

NOTE: DO NOT INCLUDE ANY OTHER DEPARTMENT FORMS IN THIS ENVELOPE AS IT WILL DELAY THE PROCESS.

Please provide the following information as it pertains to the individual named above:

1. Other names and/or social security numbers the individual used when working:

2. Gender: Male Female

3. Dates of most recent employment:

First day of work: _____

Still working full-time: Yes No

Last day of work: _____

Still working part-time: Yes No

4. Last known address and telephone number:

Residence address: _____

Mailing address: _____

Telephone number: _____

Date this information was last known to be valid: _____

PLEASE RESPOND TO ANY AND ALL FUTURE NOTICES THAT YOU MAY RECEIVE ON THIS SOCIAL SECURITY NUMBER.

I hereby certify that the information submitted is true and correct to the best of my knowledge.

Completed by: _____

Date: _____

Title: _____

Telephone: _____