EDD Call Center PO Box CITY, STATE ZIP CODE



Mail Date: 00/00/0000

For Office Use Only: 00000000

Customer Phone #: (000) 000-0000

 EDD TELEPHONE NUMBERS:

 English & Spanish

 Cantonese

 1-800-300-5616

 Cantonese

 Mandarin

 1-866-303-0706

 Vietnamese

 TTY (non-voice)

 1-800-815-9387

 edd.ca.gov

Unemployment Insurance Claim Filed

You applied for unemployment benefits effective 00/00/0000.

You provided the below information:

1. Your last employer was: Employer's Name Employer's Address City, State and ZIP Code

- 2. The last day you worked for that employer was 00/00/0000.
- 3. The reason you are no longer working for the above employer is: (Reason given when you filed your claim).
- 4. You (are/are not) receiving a pension or other income that may be deductible from your unemployment benefits.
- 5. You (are/are not) able and available to accept full-time work.
- 6. You (have/do not have) the legal right to work in the United States.

Review the above information carefully.

No action is required if the information is correct. We consider this information correct unless you report other information within 10 days from the mailing date of this notice. Any response after 10 days may result in delay of benefits. To report other information, call or mail your response to the address above. Include your name and Social Security number in all correspondence with us.

Although federal and state laws prohibit revealing information about your employment and your unemployment claim to your spouse, relatives, friends, non-interested parties, and private interest groups, federal legislation requires the information is available to state and federal welfare, medical assistance, CalFresh (formerly food stamps), housing, and child support enforcement agencies.

You have the option of canceling a regular unemployment claim. Refer to your Notice of Unemployment Award for the cancellation requirements. If you decide to cancel your claim, **do not certify for benefits**. Once you are paid benefits, the law does not allow you to cancel your claim.

If you are eligible for benefits, you can receive them through a prepaid debit card or by check. Refer to your Guide to Benefits and Employment Services handbook for information about the debit card or visit **edd.ca.gov/debitcard**. If you were previously issued a debit card and need a replacement, you must contact Money Network Debit Card Customer Service toll-free at 1-800-684-7051.

CLAIMANT'S NAME CLAIMANT'S ADDRESS CITY, STATE ZIP CODE