



Please complete the claim form and mail to:
 Employment Development Department
 State Dated Warrant
 PO Box 2588
 Rancho Cordova, CA 95741-2588

UNCASHED BENEFIT PAYMENT CHECK OR UNCLAIMED ELECTRONIC BENEFIT PAYMENT CLAIM FORM

Claimant Information

1	Last Name	First Name	MI	2	Social Security Number	
3	Address		City		State	ZIP Code
4	Phone Number					

Attorney or Representative Information

5	Last Name	First Name	MI	6	Relationship to Claimant	
7	Address		City		State	ZIP Code
8	Phone Number					

Claim Information

9	Type of payment?	Unemployment Insurance	Disability Insurance	Paid Family Leave
10	Is your claim for a stale-dated check (uncashed check)?		Yes	No, skip to step 14
11	Name on check, exact spelling please.		12	Dollar amount of check.
13	Do you have the original check?		Yes	No
14	Is your claim for an unclaimed electronic benefit payment or an EDD Debit CardSM that was never activated?		Yes	No
15	Have you received a notice from the Bank of America?		Yes	No
16	Name on notice from the Bank of America.		17	Dollar amount of benefit payment.
18	Please describe the issue. If there is more than one uncashed check or unclaimed electronic benefit payment, please list the others here.			

Notice and Signature

19	I declare under penalty of perjury under the laws of the State of California that the foregoing information provided is true and correct.			
20	Signature of Claimant or Representative		21	Date

Please see page 2 for instructions on completing the claim form.

UNCASHED BENEFIT PAYMENT CHECK OR UNCLAIMED ELECTRONIC BENEFIT PAYMENT CLAIM FORM

Due to changes in State law, effective July 1, 2016, claims for state-dated warrants (uncashed checks) and unclaimed electronic benefit payments **do not** require the \$25 filing fee and should be filed directly with the department that issued the original benefit payment. For fund replacement of checks and/or unclaimed electronic benefit payments that are more than three years old from date of issue, please fill out this claim form. **For fund replacement of checks or unclaimed electronic benefit payments that are less than three years old from the date of issue, please contact the Unemployment Insurance Office at 1-800-300-5616 and/or the Disability Insurance Office at 1-800-480-3287.**

Instructions for completing this claim form

Claimant Information: Information regarding the claimant.

- 1 Provide the full name of the person.
- 2 Provide the Social Security number.
- 3 Provide the complete mailing address.
- 4 Provide a daytime phone number, including area code.

Attorney or Representative Information: Are you filing this claim on behalf of another person?

- 5 Provide full name of attorney or representative.
- 6 Provide relationship to claimant information (e.g., attorney, power of attorney, legal guardian, conservator, or heir).
- 7 Provide mailing address.
- 8 Provide daytime phone number, including area code.

Claim Information: Information regarding the claim.

- 9 Identify the type of Employment Development Department benefit payment (i.e., Unemployment Insurance, Disability Insurance, or Paid Family Leave).
- 10 Indicate whether this claim is for an Employment Development Department benefit payment check that was never cashed.
- 11 Provide the exact name on the check.
- 12 Provide the dollar amount of the check.
- 13 Do you have the original check? Please provide a copy of both the front and the back of the check.
- 14 Indicate if this claim is for an issued EDD Debit CardSM that was never activated or an unclaimed electronic benefit payment.
- 15 Have you received or do you have a notice from the Bank of America stating the monies from the issued EDD Debit CardSM were returned to the Employment Development Department?
- 16 Exact spelling of the name on the notice from the Bank of America.
- 17 Provide the dollar amount.
- 18 Please describe the issue.
- 19 Please read statement before signing this claim form.
- 20 The claimant or representative must sign here.
- 21 Date claim form was signed.

Please be sure your claim form is complete.

	Complete all sections relating to this claim and sign the form. Please print or type all information.
	Attach copies of any documentation that supports your claim. Please do not submit any original documents.