

REQUEST FOR IDENTITY INFORMATION

Claimant Name
Claimant Mailing Address
Claimant City, State, ZIP

Mail Date: MM/DD/YYYY

Your assistance and cooperation are requested. A claim for Unemployment Insurance (UI) benefits was filed in California with an effective date of MM/DD/YYYY. There is a question about the identity of the individual who filed the claim. In order to determine who filed the claim, you must mail copies of the identity verification documents requested on page 2 of this notice. Send as many of the documents as you can provide along with this completed form. Use the enclosed envelope to return the documents to the address listed above **within 10 calendar days of the mail date of this notice.**

PLEASE PROVIDE THE FOLLOWING IDENTITY INFORMATION:

The Social Security number that was used to file this claim is: _____.

- This Social Security number **was** issued to me by the Social Security Administration.
 This Social Security number **was not** issued to me by the Social Security Administration.

Other Social Security numbers you have used: _____

Full name (as it appears on your Social Security Card): _____
First Middle Last

Other names you have used: _____

YOU MUST CHECK ALL BOXES BELOW THAT APPLY TO YOU:

- I did not file this claim for UI benefits in California.
 I have never lived in California.
 I have never worked in California.
 I filed a claim for UI benefits in California on _____ but I never received any benefits.
 I filed a claim for UI benefits in California on _____ and I received benefits until _____.
 I filed this claim for UI benefits and I am currently claiming benefits.

PLEASE PRINT ALL EMPLOYER NAMES YOU WORKED FOR DURING THE YEAR(S) _____:

If you don't have enough space, please use an additional page.

Employer name: _____	Employer name: _____
Employer name: _____	Employer name: _____
Employer name: _____	Employer name: _____
Employer name: _____	Employer name: _____
Employer name: _____	Employer name: _____

PLEASE PRINT ALL ADDRESSES THAT YOU USED DURING THE YEAR(S) _____:

Please begin with your most recent mailing or residential address (including the full street address, city, state, and ZIP code).

If you don't have enough space, please use an additional page.

Period of time: _____	Address: _____
Period of time: _____	Address: _____
Period of time: _____	Address: _____
Period of time: _____	Address: _____
Period of time: _____	Address: _____
Period of time: _____	Address: _____

SIGN AND RETURN THIS DOCUMENT WITHIN 10 CALENDAR DAYS FROM THE MAIL DATE OF THIS FORM.

Use the envelope provided, enclose all requested identity verification documents, and include your complete Social Security number on each document you submit (Refer to page 2 for a description of identity documents you can provide).

By signing below you agree to the following statement: *I understand the law provides penalties if I make false statements or withhold facts to obtain benefits; I declare under penalty of perjury that the information I am providing is true and correct.*

Signature Date Phone number

ACCEPTABLE DOCUMENTS FOR IDENTITY VERIFICATION

You must send a copy of **ONE** document from the “Photo Identification” column **AND** copies of as many of the requested documents as you can provide from the “Other Identity Documents” column below. **The overpayment debt will remain on your records with the EDD unless you send sufficient documents that prove that you did not receive the UI benefits.** All copies should be printed on 8½” x 11” paper and you must write your Social Security number on each page.

PHOTO IDENTIFICATION	OTHER IDENTITY DOCUMENTS
<p>Provide a clear and readable copy of ONE of the following documents.</p> <ul style="list-style-type: none"> ■ Driver license or ID card issued by a state, local, or federal agency that contains your name, your date of birth, and your photograph. ■ Official document issued to you by a state, local, or federal agency that contains your name, your date of birth, and your photograph. ■ U.S. Passport or U.S. Passport Card that contains your name, your date of birth, and your photograph ■ U.S. Military card that contains your name, your date of birth, and your photograph (front and back) ■ Military dependent’s ID card that contains your name, your date of birth, and your photograph (front and back) ■ Alien Registration or Permanent Resident Card (<i>Form I-551</i>) issued by the U.S. Citizenship and Immigration Services that contains your name, your date of birth, and your photograph ■ Certificate of Naturalization (<i>Form N-550</i>) ■ Employment Authorization Document (<i>Form I-766</i>) issued by the U.S. Citizenship and Immigration Services that contains your name, your date of birth, and your photograph. 	<p>Provide a clear and readable copy of ALL of the following documents with the check box marked.</p> <p>Employment Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of at least one W-2 issued to you for the year(s) _____ <input type="checkbox"/> A copy of at least one check stub or payment statement issued to you by your employer during the year(s) _____. The check stub or payment statement must be pre-printed with all of the following: <ul style="list-style-type: none"> • Your first name or initial and your last name, and • Your Social Security number (or at least the last four digits) or your employee identification number, and • The name of your employer, and • The date or pay period the check stub or pay statement was issued. <p>Address Verification</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of an unaltered utility bill (e.g., electricity, gas, garbage, water, or sewer), cable TV bill, phone bill, bank statement, or mortgage statement that shows your name and residence address issue to you for the year(s) _____. <i>If you do not have a residence address, but you have a P.O. Box or a Private Mail Box, you must provide registration verification showing that you are the renter or authorized user of the box.</i> <p>Social Security number Verification</p> <ul style="list-style-type: none"> <input type="checkbox"/> A complete copy of your annual Social Security Statement (pages 1, 2, and 3) issued by the Social Security Administration. <i>Do not send an original or copy of your Social Security card. It will not satisfy this requirement.</i> <p>Date of Birth Verification</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of an official birth certificate issued by a local, state, or federal agency, or a foreign government, or other official certification of your birth. <i>A birth certificate marked “Information, not a valid document to establish identity” is not acceptable verification.</i> <p>Marriage Certificate (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of an official marriage certificate issued by a local, state, or federal agency, or a foreign government, or other official certification of your marriage. <p>Proof of Identity Theft</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of all reports and correspondence related to your reported identity theft, including: <ul style="list-style-type: none"> • Police reports. • Credit agency reports. • California Franchise Tax Board (FTB) reports. • Internal Revenue Service (IRS) reports. • Social Security Administration reports.

If additional documentation is required, the EDD will contact you.