

Office Address:

EMPLOYMENT DEVELOPMENT DEPARTMENT
PO BOX 2190
RANCHO CORDOVA, CA 95741-2190



REQUEST FOR ADDITIONAL INFORMATION

Name and Address of Employer

Mail Date: str012

Claimants Name
Claimants Address
Claimants City, State, ZIP Code

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

You are receiving this notice because the Employment Development Department (EDD) identified a potential eligibility issue with the Unemployment Insurance (UI) claim of the individual named below. Compare the following information to your records to help ensure benefits are paid to claimants legally entitled to receive them, and your account is charged correctly.

Social Security number (SSN):

Claim Effective Date:

Name:

Control #:

If one or more of the following apply, then complete and return this form in the enclosed envelope within 10 calendar days after the above mail date:

- The SSN and/or name above do not match your records, **OR**
- The individual named above is still currently/actively working for you, **OR**
- There is reason to believe this may potentially be a fraudulent claim.

If you submit this form, provide the following information:

1. Other SSN(s) and/or name(s) the employee used when working:

2. Gender: Male Female

3. Dates of employment: First day of work: _____

Last day of work: _____ **OR** Still working: Full-time Part-time On-call

4. Last known residence address: _____

Mailing address (if different than above): _____

Phone number: _____

Date this information was last known to be valid: _____

5. Copies of any identity-related documentation (document the above SSN on each copy), such as:

- A copy of the Form I-9, *Employment Eligibility Verification* signed by the employee.
- A copy of the most recent W-2 issued to the employee.
- A copy of the employee's photo identification (ID) card.

DO NOT INCLUDE ANY OTHER EDD CORRESPONDENCE WHEN RETURNING THIS FORM IN THE ENCLOSED ENVELOPE, AS IT WILL DELAY THE PROCESS.

Respond separately to any and all future notices 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.

| | |
|-------------|--------|
| Signature: | Date: |
| Name/Title: | Phone: |

Authority cited: Sections 1085 and 1092 of the California UI Code.