

SAMPLE, this page for reference only.

EMPLOYMENT DEVELOPMENT DEPT
UI CENTER SAMPLE CITY
PO BOX 000000
SAMPLE CITY ST 99999-9999



N O T I C E O F O V E R P A Y M E N T

FM LASTNAME
1234 SAMPLE ST APT 4321
MY CITY ST 99999 9999

EDD TELEPHONE NUMBERS:
ENGLISH 1-800-300-5616
SPANISH 1-800-326-8937
CANTONESE 1-800-547-3506
MANDARIN 1-866-303-0706
VIETNAMESE 1-800-547-2058
TTY 1-800-815-9387

RE:00 SO:00 PGM:UI

FOR OFFICE USE ONLY	BENEFIT YEAR BEGAN	TOTAL AMOUNT DUE	OVERPAYMENT AMOUNT	PENALTY AMOUNT	WAIVED AMOUNT	DATE MAILED
000000000000	MM/DD/YY	\$ 000.00	\$ 000	\$ 0.00	\$ 00	MM/DD/YY

AN OVERPAYMENT IN THE AMOUNT OF\$ 000.00 HAS BEEN CHARGED TO YOUR ACCOUNT IN CONNECTION WITH A CLAIM FOR UNEMPLOYMENT INSURANCE. BENEFITS WERE PAID IN EXCESS OF YOUR MAXIMUM BENEFIT AMOUNT.

THE OVERPAYMENT IS FOR THE WEEKS ENDING:
MM/DD/YY \$ 000 MM/DD/YY \$ 00

REASON FOR DENIAL OF WAIVER:
YOUR AVERAGE MONTHLY FAMILY INCOME FOR THE PAST SIX MONTHS IN RELATION TO YOUR PRESENT ASSETS AND LIABILITIES DOES NOT INDICATE THAT REPAYMENT OF YOUR OVERPAYMENT WOULD CAUSE YOU EXTRAORDINARY HARDSHIP.

YOU ARE LIABLE TO REPAY THIS OVERPAYMENT. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO EMPLOYMENT DEVELOPMENT DEPARTMENT, INCLUDE SOCIAL SECURITY NUMBER, AND SEND IT TO THE FIELD OFFICE AT THE ADDRESS SHOWN ABOVE. IF UNABLE TO PAY IN FULL, REPAYMENT ARRANGEMENTS MAY BE MADE AND QUESTIONS ANSWERED BY THIS OFFICE.

SECTION 12419.5 OF THE GOVERNMENT CODE PROVIDES THAT THE STATE CONTROLLER MAY COLLECT ANY AMOUNT OWING A STATE AGENCY BY DEDUCTING THE AMOUNT OWED FROM A STATE TAX REFUND, UNCLAIMED PROPERTY, AND LOTTERY WINNINGS. TITLE 26, UNITED STATES CODE SECTION 6402(F) AUTHORIZES THE STATE TO SUBMIT ANY FINAL AND LEGALLY ENFORCEABLE UNEMPLOYMENT INSURANCE BENEFIT OVERPAYMENT DEBT TO THE TREASURY OFFSET PROGRAM TO COLLECT THE AMOUNT OWED FROM ANY FEDERAL INCOME TAX REFUND PAID TO YOU BY THE INTERNAL REVENUE SERVICE.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

A. COMPLETE THE ENCLOSED APPEAL FORM (DE 1000M) OR WRITE A LETTER STATING THAT YOU WANT TO APPEAL THIS DECISION. IF YOU WRITE A LETTER TO APPEAL, EXPLAIN THE REASON WHY YOU DO NOT AGREE WITH THE DEPARTMENT'S DECISION.

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WRITE YOUR SOCIAL SECURITY NUMBER ON EACH DOCUMENT YOU SUBMIT TO THE DEPARTMENT. (TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR), SECTION 5008).

B. MAIL THE DE I000M OR YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ON THE FIRST PAGE OF THIS DECISION.

C. FILE YOUR APPEAL WITHIN THIRTY (30) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN MM/DD/YY.

YOUR HANDBOOK, "A GUIDE TO BENEFITS AND EMPLOYMENT SERVICES," GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, YOU CAN READ OR ORDER THE HANDBOOK ONLINE BY VISITING THE DEPARTMENT'S WEBSITE AT WWW.EDD.CA.GOV. TO ORDER A HANDBOOK, VISIT WWW.EDD.CA.GOV/FORMS, ENTER PUBLICATION NUMBER "DE 1275A" IN THE FORM LOCATOR, AND FOLLOW THE ONLINE INSTRUCTIONS.

APPEAL INFORMATION:

WHEN YOUR APPEAL IS RECEIVED, YOUR CASE WILL BE REVIEWED. IF THE DECISION REMAINS THE SAME, THE DEPARTMENT WILL SEND YOUR APPEAL TO THE OFFICE OF APPEALS. IF YOU APPEAL AFTER THE 30 DAYS, YOU MUST INCLUDE THE REASON FOR THE DELAY. THE ADMINISTRATIVE LAW JUDGE WILL DETERMINE WHETHER YOU HAD GOOD CAUSE FOR THE DELAY. IF THE ADMINISTRATIVE LAW JUDGE DETERMINES YOU DID NOT HAVE GOOD CAUSE FOR SUBMITTING YOUR APPEAL LATE, YOUR APPEAL WILL BE DISMISSED.

THE OFFICE OF APPEALS WILL SEND YOU A LETTER WITH THE DATE, PLACE, AND TIME OF YOUR HEARING AND A PAMPHLET EXPLAINING APPEAL HEARING PROCEDURES. AT THE HEARING, THE ADMINISTRATIVE LAW JUDGE WILL LISTEN TO YOU, EXAMINE THE FACTS, AND ISSUE A DECISION. YOU MAY HAVE A REPRESENTATIVE OR SOMEONE ELSE HELP YOU DURING THE HEARING.

CONTINUING CERTIFICATION:

IF YOU ARE ELIGIBLE TO CONTINUE TO CERTIFY FOR BENEFITS WHILE YOU WAIT FOR THE ADMINISTRATIVE LAW JUDGE'S DECISION, THE DEPARTMENT WILL ISSUE CONTINUED CLAIM FORMS AND YOU MUST CONTINUE TO CERTIFY FOR BENEFITS ON TIME. IN SOME CASES, YOU WILL NOT BE ABLE TO CERTIFY FOR BENEFITS UNTIL THE ADMINISTRATIVE LAW JUDGE ISSUES A DECISION. IF THE ADMINISTRATIVE LAW JUDGE DECIDES YOU ARE ELIGIBLE FOR BENEFITS, THE DEPARTMENT WILL ISSUE CONTINUED CLAIM FORMS. BENEFITS CAN ONLY BE PAID FOR WEEKS THAT YOU HAVE CERTIFIED FOR BENEFITS AND ARE OTHERWISE ELIGIBLE TO RECEIVE BENEFIT PAYMENTS.

OTHER SERVICES:

VISIT WWW.EDD.CA.GOV FOR INFORMATION ABOUT (1) JOB REFERRALS, (2) DISABILITY INSURANCE, (3) OTHER EDD SERVICES (4) SERVICES OFFERED BY OTHER AGENCIES.

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