

Mail Date: 00/00/00

For Office Use Only: 0000

Benefit Year Beginning Date: 00/00/00

* Claimant's Name
Claimant's Address
City, ST Zip Code

*

Notice of Potential Overpayment

Our information shows that you may have been overpaid **\$00.00** in unemployment benefits. An overpayment is when you receive benefits you are not eligible for. If you do not agree with the information on this form, you must contact us by <date> and provide the reason why you disagree. If you do not contact us, we will assume our information is correct and will mail you a *Notice of Overpayment* with the amount you must repay.

Important: If box **B** is checked on the bottom of this form, you can apply for an overpayment waiver. Complete and return the attached *Application for Overpayment Waiver* (DE 1446UI) to the address or fax number below by <date>.

If you do not agree with the information on this form, contact us by <date>:

- By Mail: <Insert Address>
- By Fax: <Insert Fax No.>
- By Phone: English and Spanish: 1-800-300-5616
Cantonese: 1-800-547-3506
Mandarin: 1-866-303-0706
Vietnamese: 1-800-547-2058
California Relay Service (711): Provide the UI number (1-800-300-5616) to the operator
TTY: 1-800-815-9387

Our information shows that benefits were paid to you but:

1. ☐ They were not reduced based on the earnings you or your employer reported. Refer to the table below.
2. ☐ They were not reduced based on your participation in Work Sharing.
3. ☐ You were later disqualified under code section **000**.
4. ☐ You did not report that you were fired.
5. ☐ You did not report that you quit.
6. ☐ You did not report that you were not able and available for work.
7. ☐ The mandatory one-week waiting period was not completed.
8. ☐ You worked and did not report any earnings.
9. ☐ Your weekly benefit amount was reduced from \$**00.0** to \$**00.00**.
10. ☐ Your maximum benefit amount was reduced from \$**00.0** to \$**00.00**.
11. ☐ Other reason:

Important information on other side of this notice.

Your employer has provided the following information:

Employer Name: Employer's Name

Employer Address: Employer's Address

Last Day of Work: 00/00/00

Reason for Separation:

| Week Ending | Earnings Employer Reported | Earnings You Reported | Benefits Paid |
|-------------|----------------------------|-----------------------|---------------|
| 0 | \$ 00.00 | \$ 00.00 | \$ 00.00 |
| 0 | \$ 00.00 | \$ 00.00 | \$ 00.00 |
| 0 | \$ 00.00 | \$ 00.00 | \$ 00.00 |
| 0 | \$ 00.00 | \$ 00.00 | \$ 00.00 |
| 0 | \$ 00.00 | \$ 00.00 | \$ 00.00 |
| 0 | \$ 00.00 | \$ 00.00 | \$ 00.00 |

☐ Review additional weeks attached.

- A. ☐ If we determine that you intentionally gave false information or withheld information, the overpayment is considered fraud. You will have to pay a 30-percent penalty of **\$00.00** in addition to the amount shown above. If you would like to provide information about this potential false statement, answer questions on the enclosed *Notice of Potential False Statement*, sign and date the notice, and return it to the EDD.
- B. ☐ You can apply for an overpayment waiver. Complete and return the attached *Application for Overpayment Waiver* (DE 1446UI) to the address or fax number above by <date>.

SUS DT: ☐ B ()