

Uncashed Benefit Payment Check or Unclaimed Electronic Benefit Payment Claim Form

Customer 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? <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Disability Insurance <input type="checkbox"/> Paid Family Leave						
10	Is your claim for an uncashed check (stale-dated check)?		<input type="checkbox"/> Yes		<input type="checkbox"/> No, skip to step 14		
11	Name on check, exact spelling please.			12	Dollar amount of check.		
13	Do you have the original check?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
14	Is your claim for an unclaimed electronic benefit payment (debit card that was never activated or direct deposit payment)?						
		<input type="checkbox"/> Yes, debit card.		<input type="checkbox"/> Yes, direct deposit.		<input type="checkbox"/> No	
15	Have you received a notice from Money Network or Bank of America?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
16	Name on notice from Money Network or 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 uncashed checks (stale-dated warrants) and unclaimed electronic benefit payments **do not** require the \$25 filing fee and should be filed directly with the EDD. For replacement of benefit payments that are:

- **More than three years old** from date of issue, fill out this claim form.
- **Less than three years old** from date of issue, contact the Unemployment Insurance Office at 1-800-300-5616 or the Disability Insurance Office at 1-800-480-3287.

Instructions for completing this claim form.

Customer Information:

- 1 Provide the person's full name.
- 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:

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

Claim Information:

- 9 Identify the type of benefit payment (unemployment, disability, or Paid Family Leave).
- 10 Indicate whether this claim is for a benefit payment check that was never cashed.
- 11 Provide the exact name on the check.
- 12 Provide the dollar amount of the check.
- 13 If you have the original check, provide a copy of the front and the back of the check.
- 14 Note if this claim is for an unclaimed electronic benefit payment (debit card that was never activated or direct deposit payment).
- 15 Have you received a notice from Money Network or Bank of America stating the monies from the issued debit card or direct deposit payment were returned to the EDD?
- 16 Exact spelling of the name on notice from Money Network or Bank of America.
- 17 Provide the dollar amount.
- 18 Describe the issue.
- 19 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.

<input type="checkbox"/>	Complete all sections relating to this claim and sign the form. Print or type all information.
<input type="checkbox"/>	Attach copies of any documentation that supports your claim. Do not submit any original documents.