

## Uncashed Benefit Payment Check or Unclaimed Electronic Benefit Payment Claim Form

### Customer Information

<b>1</b>	Last Name	First Name	MI	<b>2</b>	Social Security Number	
<b>3</b>	Address		City		State	ZIP Code
<b>4</b>	Phone Number					

### Attorney or Representative Information

<b>5</b>	Last Name	First Name	MI	<b>6</b>	Relationship to Claimant	
<b>7</b>	Address		City		State	ZIP Code
<b>8</b>	Phone Number					

### Claim Information

<b>9</b>	Type of payment? <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Disability Insurance <input type="checkbox"/> Paid Family Leave						
<b>10</b>	Is your claim for an uncashed check (stale-dated check)?		<input type="checkbox"/> Yes		<input type="checkbox"/> No, skip to step 14		
<b>11</b>	Name on check, exact spelling please.			<b>12</b>	Dollar amount of check.		
<b>13</b>	Do you have the original check?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>14</b>	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	
<b>15</b>	Have you received a notice from Money Network or Bank of America?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>16</b>	Name on notice from Money Network or Bank of America.			<b>17</b>	Dollar amount of benefit payment.		
<b>18</b>	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

<b>19</b>	I declare under penalty of perjury under the laws of the State of California that the foregoing information provided is true and correct.					
<b>20</b>	Signature of Claimant or Representative				<b>21</b>	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 (state-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.