

Name and Address:

Mail Date:

Claimant Name  
Claimant Mailing Address  
Claimant City, State, ZIP

**EDD TOLL FREE TELEPHONE NUMBER:**  
1-866-401-2849

**REQUEST FOR INFORMATION:**

Your assistance and cooperation are requested. A claim for unemployment insurance benefits was filed with an **effective date of** \_\_\_\_\_. There is a question about the identity of the individual who filed the claim. In order to address this, we are asking you to complete and return this form within 10 calendar days. We are also asking you to provide copies of identity verification documents. You are not required to provide these documents; however, doing so may help to protect your identity. (See page 2 for a description of documents requested.)

**PLEASE CHECK THE APPROPRIATE BOX UNDER THE SOCIAL SECURITY NUMBER LISTED BELOW.**

Social Security Number: \_\_\_\_\_

- I **am** the true owner of this Social Security number.  
 I **am not** the true owner of this Social Security number.

**PLEASE PRINT YOUR FULL NAME BELOW AS IT APPEARS ON YOUR SOCIAL SECURITY CARD.  
IF APPLICABLE, PROVIDE ANY OTHER NAMES OR SOCIAL SECURITY NUMBERS YOU HAVE USED.**

Full name: \_\_\_\_\_  
First Middle Last

Other names you have used: \_\_\_\_\_

Other Social Security numbers you have used: \_\_\_\_\_

**YOU MUST CHECK THE ONE BOX BELOW THAT APPLIES TO YOU.**

- I **DID NOT FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.  
 I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS BUT DID NOT CLAIM BENEFITS.  
 I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS AND DID CLAIM BENEFITS BUT I AM NOT CURRENTLY CLAIMING BENEFITS.  
 I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS AND I AM CURRENTLY CLAIMING BENEFITS.  
 I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS, HOWEVER, I DID NOT REOPEN THIS CLAIM EFFECTIVE \_\_\_\_\_ AND I AM NOT CURRENTLY CLAIMING BENEFITS.

**SIGN AND RETURN THIS DOCUMENT WITHIN 10 CALENDAR DAYS FROM THE MAIL DATE OF THIS FORM. PLEASE USE THE ENVELOPE PROVIDED AND ENCLOSE THE IDENTITY VERIFICATION DOCUMENTS THAT YOU CHOOSE TO PROVIDE. PLEASE INCLUDE YOUR COMPLETE SOCIAL SECURITY NUMBER ON EACH DOCUMENT SUBMITTED. (Refer to page 2 for a description of the identity documents you can provide.)**

I understand the law provides penalties if I make false statements or withhold facts to obtain benefits; I declare under penalty of perjury that the information I am providing is true and correct.

\_\_\_\_\_  
SIGNATURE (YOUR signature is required)

\_\_\_\_\_  
Please include a telephone number where you can be reached during normal business hours.

**ACCEPTABLE DOCUMENTS FOR IDENTITY VERIFICATION**  
(Submit copies unless otherwise noted)

You must provide **ONE** document from the “**Photo Identification**” column **AND ONE OR MORE** of the documents from the “**Other Identity Documents**” column below. All documents submitted should be copied onto an 8 ½ x 11 inch paper and must include your Social Security number on each page.

<p align="center"><b>PHOTO IDENTIFICATION</b></p> <p align="center">Provide a clear and readable copy of <b>ONE</b> of the following documents.</p>	<p align="center"><b>OTHER IDENTITY DOCUMENTS</b></p> <p align="center">Provide a clear and readable copy or original document (as specified) of <b>ONE OR MORE</b> of the following documents.*</p>
<ul style="list-style-type: none"> <li>• Driver license or ID card issued by a state/local/federal agency that contains your name, your date of birth, and your photograph.</li> <li>• Official document issued to you by a state/local federal agency that contains your name, your date of birth, and your photograph.</li> <li>• U.S. Passport or U.S. Passport Card that contains your name, your date of birth, and your photograph.</li> <li>• Unexpired foreign passport that contains your name, your date of birth, and your photograph.</li> <li>• U.S. Military card that contains your name, your date of birth, and your photograph (front and back).</li> <li>• Military dependent’s ID card that contains your name, your date of birth, and your photograph (front and back).</li> <li>• Alien Registration or Permanent Resident Card (<i>Form I-551</i>) issued by the U.S. Citizenship and Immigration Services that contains your name, your date of birth, and your photograph.</li> <li>• Certificate of Naturalization (<i>Form N-550</i>).</li> <li>• Employment Authorization Document (<i>Form I-766</i>) issued by the U.S. Citizenship and Immigration Services that contains your name, your date of birth, and your photograph.</li> </ul>	<p><b>Employment Data</b></p> <ul style="list-style-type: none"> <li>• A copy of at least one W-2 issued to you for the last year;</li> </ul> <p align="center">or</p> <ul style="list-style-type: none"> <li>• A copy of at least one check stub or payment statement issued to you by your employer within the twelve months prior to the date that your claim was first filed. The check stub or payment statement must be pre-printed with all the following: <ul style="list-style-type: none"> <li>○ Your first name or initial and your last name; and</li> <li>○ Your Social Security number, a minimum of the last four digits of your Social Security number, or your employee identification number; and</li> <li>○ The name of your employer; and</li> <li>○ The date the check stub or pay statement was issued or the pay period for which the check stub or pay statement was issued.</li> </ul> </li> </ul> <p align="center">or</p> <p><b>Address Verification</b></p> <ul style="list-style-type: none"> <li>• An unaltered <b>original</b> utility bill (e.g., electricity, gas, garbage, water, or sewer), cable TV bill, telephone bill, correspondence from a bank, current residential rental/lease agreement or mortgage statement that shows your name and current RESIDENCE address;</li> </ul> <p align="center">or</p> <ul style="list-style-type: none"> <li>• If you do not have a residence address, but you have a P.O. Box or a Private Mail Box, you must provide registration verification showing that you are the renter or authorized user of the box.</li> </ul> <p align="center">or</p> <p><b>Social Security Number Verification</b></p> <p><i>Do not send an original or copy of your Social Security card. It will not satisfy this requirement.</i></p> <ul style="list-style-type: none"> <li>• A complete copy of <b>your Social Security Statement</b>, which you receive annually from the Social Security Administration;</li> </ul> <p align="center">or</p> <ul style="list-style-type: none"> <li>• A copy of a Social Security Number Printout (NUMI) issued by the Social Security Administration.</li> </ul> <p align="center">or</p> <p><b>Date of Birth Verification</b></p> <p>An <b>official</b> birth certificate issued by a local, state, or federal agency, or a foreign government, or other official certification of your birth. A birth certificate marked “information, not a valid document to establish identity,” is not acceptable verification.</p>

\* If further documentation is required, the Employment Development Department (EDD) will contact you. Save this notice for future reference.