

REQUEST FOR IDENTITY VERIFICATION

Name and Address of Claimant

Mail Date:
SSA No.:

Claimant Name
Claimant Mailing Address
Claimant City, State, ZIP

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

You are receiving this notice because the Employment Development Department (EDD) is unable to verify your identity. The information you provided when you filed your unemployment insurance claim did not match the information available to the Department or the Department received information that indicated your identity may have been compromised. When there is a question of correct identity, the Department requires identifying documents to verify that unemployment benefits are paid only to those who are legally entitled to receive them.

Enclosed with this notice is a list of documents you must provide to verify your identity.

Your eligibility for unemployment insurance benefits is pending receipt of these documents. The Department will contact employer(s) and governmental entities to verify the documents and any information you supply. If you do not supply the documents or the documents/information do not allow the Department to establish your identity, you will not be eligible to receive benefits.

In order to receive benefits you must provide your 9-digit Social Security number (SSN) as provided to you by the Social Security Administration (SSA). Please check your records and verify that the SSN listed on this notice is the one issued to you by the SSA. If the information available to the Department indicates the SSN you provided is not verified to you by the SSA, you may be required to contact the SSA to obtain verification of your SSN and then send a copy to the EDD at the office address listed above. The location of your SSA office can be found on the SSA website at <https://www.socialsecurity.gov/locator> or in your local telephone book in the Federal Government listings under "Social Security Administration."

Please **SIGN** and return this document in the blue envelope provided **along with** clear and readable identity verification documents within 10 calendar days from the mail date of this document. Your complete Social Security number must be on each document you submit.

NOTE: DO NOT INCLUDE ANY OTHER DEPARTMENT FORMS IN THE BLUE ENVELOPE AS IT WILL RESULT IN DELAYS.

On page two is a list of the required identity documents you must provide. There are also instructions on what to do if you need more time to provide the documents.

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 and the documents I am submitting are true and correct and belong to me.

PRINT YOUR NAME

SIGNATURE
(YOUR signature is required)

DATE

SSN NO.:

REQUIRED IDENTITY DOCUMENTS

Some of the most common errors associated with SSNs are:

- The SSN being used is incorrect. You may have forgotten the number or transposed the number when you provided it to your employer.
- The name at the SSA is different than the one you used to file your claim. You may have changed your name and not notified the SSA.
- The date of birth at the SSA is different than the date of birth you gave when you filed your claim.

You must provide a clear and readable copy of ONE PHOTO IDENTIFICATION. (See enclosure for a list of acceptable documents.)

AND

You must also provide ONE OR MORE clear and readable DOCUMENTS LISTED BELOW. (See enclosure for a list of the acceptable documents.)

1. Employment Data
2. Address Verification
3. Social Security Number Verification
(A copy of your Social Security Card will not satisfy this requirement.)
4. Date of Birth Verification (official copy of birth certificate)

FAILURE TO COMPLY WITH THIS REQUEST FOR IDENTITY VERIFICATION WITHIN 10 CALENDAR DAYS FROM THE MAIL DATE OF THIS FORM MAY RESULT IN A DENIAL OF BENEFITS. PLEASE INCLUDE YOUR COMPLETE SSN ON ALL DOCUMENTS SUBMITTED.

You have the right to request more time to gather documents or obtain the advice of a representative. If you need more time, you must contact the Department **WITHIN 10 CALENDAR DAYS** from the mail date of this form to request the additional time. You may contact the Department by mail or telephone at the EDD address/number listed on page one. If at the end of the 10 days the documents are not received or an extension is not requested, an eligibility decision will be made based on the available information.

The California Unemployment Insurance Code (CUIC) Section 1253(a) states all claims for unemployment insurance benefits must be filed in accordance with Department regulations. The CUIC Section 1257(a) states that if an individual gives false information to the Department in order to obtain unemployment insurance benefits, the individual may be subject to a penalty. Title 22, California Code of Regulations, Section 1326-2 (b)(2)(A) states the Department may require a claimant to verify the SSN as being the one issued to him or her by the SSA if the information available to the Department indicates that the SSN may belong to another person or is not a valid number.