

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM**

Batch \_\_\_\_\_ Seq \_\_\_\_\_

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. **Please print clearly.** Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified. The last page of this questionnaire is for recording your work history.

Benefit Accuracy Measurement (BAM) audits randomly select paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failure to report, disclose, and/or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or denial of benefits. Your responses are subject to state confidentiality statutes, which must conform to Federal regulations (20 CFR Part 603). State and Federal agencies safeguard the confidentiality of the BAM information by:

- 1) using the information only for purposes of verifying claimant eligibility for UC and identifying general descriptive characteristics about the Unemployment Insurance program;
- 2) permitting access to the information by only authorized persons;
- 3) ensuring that the physical and electronic storage of the information is secure; and
- 4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

<p>1. Name (First, Middle, Last)</p> <p>In the past three years, if you were known or earned income by another name, enter it here: _____</p>	<p>11. Ethnic Group - Indicate by selecting one of the following:                  Not Hispanic or Latino                  Hispanic or Latino                  Unknown</p>
<p>2. Social Security Number (last 4 digits)</p> <p>_____</p> <p>In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here: _____</p>	<p>12. US Citizen? <span style="float: right;">Yes      No</span></p> <p>If No, Alien Registration _____</p>
<p>3. Street Address</p> <p>_____</p> <p>Apt Number _____</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School -    0    1    2    3    4    5    6    7    8</p> <p>High School -     9    10   11   12</p> <p>Some College                      Associate Degree BA/BS</p> <p>Graduate School</p> <p>Major Field of Study: _____</p>
<p>4. City: _____</p> <p>State: _____      ZIP code: _____</p>	<p>14. Have you had vocational or technical school training? <span style="float: right;">Yes      No</span></p> <p>Type of certificate: _____</p>
<p>5. Mailing Address (if different)</p> <p>_____</p>	<p>15. Are you currently attending school or enrolled in a training program?</p> <p align="center">Yes      No    If "Yes", complete the following: Name, Address, Phone Number of school or training program:</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____ enter your address when you first filed: _____</p>	<p align="center">Yes      No</p> <p>If you are in training, circle the type of program: vocational or academic ?</p> <p align="center">Vocational    Academic</p> <p>Can you provide evidence that you are making satisfactory progress?</p> <p align="center">Yes      No</p>
<p>7. Telephone Number (include area code) _____</p>	<p>16. In the last 18 months, what has been your usual occupation?</p> <p>Describe your main job duties at your usual work?</p>
<p>8. Date of Birth (MM/DD/YYYY) _____</p>	<p>16. In the last 18 months, what has been your usual occupation?</p> <p>Describe your main job duties at your usual work?</p>
<p>9. Gender:      Male      Female</p>	<p>16. In the last 18 months, what has been your usual occupation?</p> <p>Describe your main job duties at your usual work?</p>
<p>10. Race - Indicate by selecting one or more of the following:                  White                  Black or African-American                  Asian                  American Indian or Alaska Native                  Native Hawaiian or other Pacific Islander                  Unknown</p>	<p>16. In the last 18 months, what has been your usual occupation?</p> <p>Describe your main job duties at your usual work?</p>

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM**

<p>17. What type of work are you looking for?</p> <p>Months/Years experience in this type of work:</p> <hr/> <p>18. In the last 18 months, what has been your normal wage for the work you usually do? \$ _____ Per _____</p> <p>What is the lowest rate of pay you will accept for a job? \$ _____ Per _____</p>	<p>22. Do you need any special licenses or certificates to do the type of work you are seeking? Yes No</p> <p>If "Yes", did you have the license or certificate needed? Yes No</p> <p>What kind of license or certificate is it?</p> <p>When does it expire?</p>
<p>19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? Yes No</p> <p>If "Yes", how was this information given to you? (Check ALL that apply)</p> <p>In-person (individual) interview      Group interview Booklet or Pamphlet                      Internet/telephone/other multimedia Other (specify) _____</p>	<p>23. Have you registered with the State Employment Service since you filing for unemployment benefits on Yes NO</p> <p>If "Yes", date: _____ Number of referrals: _____</p> <p>What were the results of these referrals?</p>
<p>20. Are you entitled to any Social Security, pension, or retirement fund payments? Yes No If "Yes", give the amount you received:</p> <p>Social Security \$ _____ Veterans Benefits \$ _____ Railroad Retirement \$ _____ Federal Civil Service Retirement \$ _____ U.S. Military Retirement \$ _____ State/Local Government Retirement \$ _____ Private Employer or Union Pension Other \$ _____ (specify) _____</p>	<p>24. Have you registered with a private employment agency where a fee is paid to them to find you work since you first filed for unemployment benefits on? Yes NO</p> <p>If "Yes", number of referrals: _____</p> <p>What were the results of these referrals?</p>
<p>21. Do you expect to be called back to work by any past employer? Yes No</p> <p>If "Yes", please answer the following:</p> <p>Do you have or have you received a recall notice? Yes No</p> <p>When were you told you would be recalled? Month Day Year</p> <p>Who notified you?</p> <p>When will you report back to work?</p> <p>Name, Address and Phone Number of employer:</p>	<p>25. Are you a member of a Union? Yes NO</p> <p>If "Yes" complete the following:</p> <p>Union Name: _____</p> <p>Local Number _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Whom do you contact at the local?</p> <p>Does your union have a local hiring hall? Yes No Are your dues considered current? Yes No Do you get work ONLY through the union? Yes No Will you accept a non-union job? Yes No</p> <p>Are you eligible to be referred to jobs by the union? Yes No If "No", explain: _____</p> <p>Are you on the out-of-work list? Yes No</p> <p>If "Yes", when was the last time you signed the list? _____</p> <p>If "No", explain: _____</p> <p>How many jobs were you referred to by the union? _____</p> <p>What were the results of these referrals?</p>

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM**

26. During the period that you were denied, did you or a member of your immediate family have any health problem, handicap or disability that limited your ability to do your usual work or to look for work?

Yes      No  
If "Yes", explain:

27. During the period you were denied, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours?      Yes      No

If "No" go to Question 28.

If "Yes" was there some other person or place available to provide care?  
Yes      No

If "Yes" provide the name, address and phone number of the care provider:

28. During the period you were denied did you have transportation to get to and from a job?      Yes      No

29. Did you actively seek work during the week of \_\_\_\_\_ ?      Yes      No      If "Yes", complete the following:

<b>1. Employer Name</b>	Contact Date:	Method of Contact: I In Person      Mail Telephone      Fax Internet      Other (Specify):
Address:	Employer Phone (include area code):	Application taken?      Yes      No Resume submitted?      Yes      No
City/State/Zip	Type of work applied for:	Was a job offered?      Yes      No
<b>2. Employer Name</b>	Contact Date:	Method of Contact: In Person      Mail Telephone      Fax Internet      Other (Specify):
Address:	Employer Phone (include area code):	Application taken?      Yes      No Resume submitted?      Yes      No
City/State/Zip	Type of work applied for:	Was a job offered?      Yes      No
<b>3. Employer Name</b>	Contact Date:	Method of Contact: Person      Mail Telephone      Fax Internet      Other (Specify):
Address:	Employer Phone (include area code):	Application taken?      Yes      No Resume submitted?      Yes      No
City/State/Zip	Type of work applied for:	Was a job offered?      Yes      No
<b>4. Employer Name</b>	Contact Date:	Method of Contact: In Person      Mail Telephone      Fax Internet      Other (Specify):
Address:	Employer Phone (include area code):	Application taken?      Yes      No Resume submitted?      Yes      No
City/State/Zip	Type of work applied for:	Was a job offered      Yes      No

Please indicate any other job-development activities you engaged in during THE WEEK (such as networking, resume writing, visiting web sites or employment agencies.)

\_\_\_\_\_

\_\_\_\_\_

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM  
EMPLOYMENT HISTORY PAGE 1**

Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back to the date shown. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** \_\_\_\_\_  
MONTH / DAY / YEAR

<b>CURRENT OR MOST RECENT</b>	<b>2<sup>ND</sup> MOST RECENT</b>	<b>3<sup>RD</sup> MOST RECENT</b>	<b>4<sup>TH</sup> MOST RECENT</b>
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site			
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military
Length of Employment First day _____ Last day _____			
Your Job Title	Your Job Title	Your Job Title	Your Job Title
Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____
What were your main job duties?			
Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons

I understand the questions on this questionnaire and I answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were denied properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Claimant's Signature

Date Signed

Interviewer's Signature

Date Signed

AGENCY USE ONLY - → Information obtained by: Mail Fax Phone In-person E-mail

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM  
EMPLOYMENT HISTORY PAGE 2**

Please continue to provide the following information about employers for whom you worked. Continue your work history from the prior page and work back to the date shown below. Include ALL employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** \_\_\_\_\_  
MONTH / DAY / YEAR

<b>5<sup>TH</sup> MOST RECENT</b>	<b>6<sup>TH</sup> MOST RECENT</b>	<b>7<sup>RD</sup> MOST RECENT</b>	<b>8<sup>TH</sup> MOST RECENT</b>
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site			
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military
Length of Employment First day _____ Last day _____			
Your Job Title _____	Your Job Title _____	Your Job Title _____	Your Job Title _____
Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____
What were your main job duties?			
Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons

## **Non- Separation**

Please provide detailed information regarding the restrictions on your account

Thank you for completing this form. Please return it by mail or fax as indicated in your letter.