

**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:</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 - <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8</p> <p>High School - <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12</p> <p>Some College <input type="checkbox"/> Associate Degree BA/BS <input type="checkbox"/></p> <p>Graduate School <input type="checkbox"/></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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following: Name, Address, Phone Number of school or training program:</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are in training, circle the type of program: vocational or academic ?</p> <p><input type="checkbox"/> Vocational <input type="checkbox"/> Academic</p> <p>Can you provide evidence that you are making satisfactory progress?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____ enter your address when you first filed:</p> <p>_____</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>_____</p>
<p>7. Telephone Number (include area code) _____</p>	
<p>8. Date of Birth (MM/DD/YYYY) _____</p>	
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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>_____</p>
<p>10. Race - Indicate by selecting one or more of the following:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Unknown</p>	

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<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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", did you have the license or certificate needed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", how was this information given to you? (Check ALL that apply)</p> <p><input type="checkbox"/> In-person (individual) interview <input type="checkbox"/> Group interview <input type="checkbox"/> Booklet or Pamphlet <input type="checkbox"/> Internet/telephone/other multimedia <input type="checkbox"/> Other (specify) _____</p>	<p>23. Have you registered with the State Employment Service since you filing for unemployment benefits on <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If "Yes", give the amount you received:</p> <table style="width:100%; border: none;"> <tr><td>Social Security</td><td style="text-align: right;">\$</td></tr> <tr><td>Veterans Benefits</td><td style="text-align: right;">\$</td></tr> <tr><td>Railroad Retirement</td><td style="text-align: right;">\$</td></tr> <tr><td>Federal Civil Service Retirement</td><td style="text-align: right;">\$</td></tr> <tr><td>U.S. Military Retirement</td><td style="text-align: right;">\$</td></tr> <tr><td>State/Local Government Retirement</td><td style="text-align: right;">\$</td></tr> <tr><td>Private Employer or Union Pension Other (specify)</td><td style="text-align: right;">\$</td></tr> </table>	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>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", number of referrals: _____</p> <p>What were the results of these referrals?</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>21. Do you expect to be called back to work by any past employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please answer the following:</p> <p>Do you have or have you received a recall notice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When were you told you would be recalled?</p> <p style="text-align: center;">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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your dues considered current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get work ONLY through the union? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept a non-union job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you eligible to be referred to jobs by the union? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain: _____</p> <p>Are you on the out-of-work list? <input type="checkbox"/> Yes <input type="checkbox"/> 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>														

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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:

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

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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

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

5 TH MOST RECENT	6 TH MOST RECENT	7 RD MOST RECENT	8 TH MOST RECENT
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site	Location of Job Site	Location of Job Site	Location of Job Site
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Type of work <input type="checkbox"/> Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work <input type="checkbox"/> Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work <input type="checkbox"/> Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work <input type="checkbox"/> Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military
Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last Day _____	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?	What were your main job duties?	What were your main job duties?	What were your main job duties?
Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> 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.