

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - MONETARY 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:  <input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Unknown</p>
<p>2. Social Security Number (last 4 digits) _____</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 _____ Apt Number _____</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 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 <input type="checkbox"/></p> <p>High School - 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/></p> <p>Some College    Associate Degree <input type="checkbox"/></p> <p>BA/BS            Graduate School <input type="checkbox"/></p> <p>Major Field of Study: _____</p>
<p>4. City _____ State _____      ZIP code: _____</p>	
<p>5. Mailing Address (if different) _____</p>	<p>14. Have you had vocational or technical school training?  <input type="checkbox"/> Yes    <input type="checkbox"/> No  Type of certificate: _____</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed. _____</p>	<p>15. Are you currently attending school or enrolled in a training program?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes", provide the following: Name, Address, Phone Number of school or training program:  _____  _____  _____  Were you referred to this Program through a State Employment Service Agency? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you are in training, circle the type of program: vocational or academic  <input type="checkbox"/> Vocational    <input type="checkbox"/> Academic</p> <p>Do you have or can you obtain evidence that you are making satisfactory progress?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</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?  Describe your main job duties at your usual work?  _____  _____</p>
<p>10. Race - Indicate by selecting one or more of the following:  <input type="checkbox"/> White  <input type="checkbox"/> Black or African-American  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> Unknown</p>	

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<p>17. What type of work are you looking for?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Months/Years experience in this type of work: _____</p> <p>Are you only seeking part time work?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>20. 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>_____</p> <p>_____</p>																
<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>21. Were you entitled to any Social Security, pension, or retirement fund payments since the effective date of your current claim?</p> <p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p align="center">If "Yes", give the amount you received:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 70%;">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 Retire.</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Private Employer or Union Pension</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>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 Retire.	\$ _____	Private Employer or Union Pension	\$ _____	Other (specify)	\$ _____
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Other (specify)	\$ _____																
<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</p> <p><input type="checkbox"/> Group interview</p> <p><input type="checkbox"/> Booklet or Pamphlet</p> <p><input type="checkbox"/> Internet/telephone/other multimedia</p> <p><input type="checkbox"/> Other (specify) _____</p>																	

**Please complete your work history on the following page and sign the form.**

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - MONETARY 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

CURRENT OR MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT	4 <sup>TH</sup> 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 _____
Check all that apply Type of work <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Check all that apply Type of work <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Check all that apply Type of work <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Check all that apply Type of work <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 have understood the questions on this questionnaire and I have 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 - MONETARY 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

5 <sup>TH</sup> MOST RECENT	6 <sup>TH</sup> MOST RECENT	7 <sup>RD</sup> MOST RECENT	8 <sup>TH</sup> 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 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 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 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 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 _____ What were your ain job duties?	Your Wages on this Job \$ _____ Per _____ What were your main job duties?	Your Wages on this Job \$ _____ Per _____ What were your main job duties?	Your Wages on this Job \$ _____ Per _____ What wee 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