

**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - SEPARATION 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>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>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</p> <p>BA/BS 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of certificate: _____</p>
<p>5. Mailing Address (if different)</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>_____</p>
<p>6. If you have moved since you first filed for unemployment benefits on 05/10/2020, enter your address when you first filed:</p>	<p>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</p> <p>Do you have or can you obtain evidence that you are making satisfactory progress?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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>_____</p> <p>Describe your main job duties at your usual work?</p> <p>_____</p> <p>_____</p>
<p>8. Date of Birth (MM/DD/YYYY)</p>	
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</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>	

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

17. What type of work are you looking for?

Months/Years experience in this type of work: _____

18. In the last 18 months, what has been your normal wage for the work you usually do?
\$ _____ per _____

What is the lowest rate of pay you will accept for a job?
\$ _____ per _____

21. Do you need any special licenses or certificates to do the type of work that you are seeking? Yes No

If "Yes", did you have the license or certificate needed? Yes No

What kind of license or certificate is it?

When does it expire? _____

19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?
 Yes No

If "Yes", how was this information given to you?
(Check ALL that apply)

In-person (individual) interview Group interview
 Booklet or Pamphlet
 Internet/ telephone/ other multimedia
 Other (specify) _____

22. In your usual job do you normally work part time? Yes No

Are you only seeking part time work? Yes No

20. Name, address and telephone number of last employer:

Work site: _____
Your job title: _____

23. Reason for Separation (Check block that indicates why you are no longer working for this employer.)

Still employed
 Lack of Work or Layoff
 Discharge or Fired
 Quit or Retired
 Labor Dispute involving Union action
 Seasonal
 Quit to move with spouse

24. Between the last day you worked for your last employer and the time you filed for unemployment benefits, did you work for any other employer?
 Yes No If "Yes", provide the name, address and phone number for this employer:

If yes, are you still working for this employer? Yes No If "No", Why are you no longer working for this employer?

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

Interviewer's Signature

Date Signed

Date Signed

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

SEPARATION

Please provide detailed information regarding why your employment ended
with: _____

_____ Discharge _____ Voluntary_Quit _____ LaidOff _____
