

EDD Call Center  
PO Box  
City CA Zip Code



Mail Date: 00/00/0000  
SSN: 000-00-0000

EDD Telephone Numbers:  
English 1-800-300-5616  
Spanish 1-800-326-8937  
Cantonese 1-800-547-3506  
Mandarin 1-866-303-0706  
Vietnamese 1-800-547-2058  
TTY (non voice) 1-800-815-9387

Claimant's Name  
Claimant's Address  
City CA Zip Code

**NOTICE OF UNEMPLOYMENT INSURANCE AWARD**

- 1. Claim Beginning Date: 00/00/0000
- 2. Claim Ending Date: 00/00/0000
- 3. Maximum Benefit Amount: \$0000
- 4. Weekly Benefit Amount: \$000
- 5. Total Wages: 00,000.00
- 6. Highest Quarter Earnings: 0,000.00

7. This item does not apply to your claim.

8. **You must look for full time work each week.** Please see your handbook, A Guide to Benefits and Employment Services, DE 1275A, for more information about looking for work.

9. This item does not apply to your claim.

10. Employee Name	11. Employee Wages for the Quarter Ending:				12. Employer Name
	Month/Year	Month/Year	Month/Year	Month/year	
Claimant's Name	0,000	0,000	0,000	0,000	ABC CO
Claimant's Name					XYZ CO
13. Totals:	0,000	0,000	0,000	0,000	

**Important Information On Next Page**

**THIS NOTICE SHOWS:**

1. Claim Beginning Date: This is the date your claim begins.
2. Claim Ending Date: This is the date your claim ends.
3. Maximum Benefit Amount: This is the total amount of money you can receive from this claim.
4. Weekly Benefit Amount: This is the maximum amount you can be paid each week, if you meet the weekly eligibility requirements.
5. Total Wages: The total amount of earnings reported by the employer(s) during the quarters listed on the reverse page in item 11. These earnings were used to compute your maximum benefit amount.
6. Highest Quarter Earnings: The calendar quarter listed on the reverse page in item 11 with the highest amount of earnings. These earnings determine your weekly benefit amount.
7. The award listed on the reverse page in item 7 is your award without the wages earned from a school district. If you worked for a school district during any of the quarters listed on the reverse page in item 11, you may not be able to use those wages in your claim during a school recess period.
8. You must follow the instructions on the reverse page in item 8 to be eligible for benefits. By law you must make all reasonable efforts to find work when claiming benefits.
9. The Unemployment Insurance Code (Section 1277) requires that you work between the beginning and the ending dates of a prior claim to have a valid claim the next year. If this applies to your claim you will receive additional instructions.
10. Employee's Name: This is the name used by your employer(s) to report your earnings to EDD during each calendar quarter listed on the reverse page in item 11.
11. Employee's Wages for the Calendar Quarter Ending: These are the wages your employer(s) reported you earned during each calendar quarter listed on the reverse page in item 11. These earnings determine the amount of your Unemployment Insurance award.
12. Employer Name: This is the name(s) of the employer(s) you worked for during the period shown.
13. Totals: The total amount of earnings reported by all employer(s) in each calendar quarter listed on the reverse page in item 11.

**YOUR CLAIM IS INVALID IF:**

- a. Your earnings were not enough to meet the minimum requirements.
- b. You had a prior Unemployment Insurance claim and did not meet the requirements for working and earning wages necessary to have a later valid claim.

**IMPORTANT:**

Check this notice carefully to make sure that all employers you worked for in the calendar quarters shown, (on the reverse page in item 11) are listed and that the wages you earned are shown. If an employer is listed and you did not work for them, or if an employer is not listed, or your wages are incorrect, contact an EDD office immediately to protest the accuracy of the computation. If you give false information or withhold facts to receive benefits you may be subject to disqualification and criminal penalties.

If you worked for a federal agency your wages must be requested from that federal agency. You will receive a Notice of Amended Unemployment Insurance Award with these wages added. If the amended notice is incorrect, you may request a reconsideration to protest the accuracy of the computation or recomputation.

To protest the accuracy of the computation or recomputation you must contact EDD within 20 days after the mail date of the notice. The 20-day period may be extended for good cause. If you need to contact EDD, you will need to provide your full name, address and social security number, and if necessary any wage and employment information you would like to add to your claim.

You can cancel this claim within 30 days of the mailing date of this notice by contacting EDD. If you want to cancel the claim you must not have cashed a benefit check or received a written notice of disqualification. If the claim is cancelled, it cannot be reopened. You must file a claim with a later date.

**YOU ARE RESPONSIBLE FOR KNOWING THE CONTENT OF YOUR HANDBOOK, A GUIDE TO BENEFITS AND EMPLOYMENT SERVICES, DE 1275A. THIS HANDBOOK EXPLAINS YOUR RIGHTS AND RESPONSIBILITIES.**

**YOU WILL RECEIVE CLAIM FORMS IN THE MAIL. YOU MUST COMPLETE AND MAIL THESE CLAIM FORMS TO RECEIVE BENEFITS. EVEN IF YOU HAVE REQUESTED A CORRECTION TO YOUR UNEMPLOYMENT INSURANCE AWARD YOU MUST ALSO MAIL THESE FORMS.**