

## REQUEST FOR ADDITIONAL INFORMATION

Mail Date:

Name and Address of Employer

**EDD TOLL FREE TELEPHONE NUMBER:**  
1-866-362-8833

**EDD TOLL FREE FAX NUMBER:**  
1-866-517-3829

Your assistance and cooperation are requested. The Department must ensure that all charges made against your account are correct. To do this, we are asking for your help in verifying the validity of information provided by the individual named below when a claim for unemployment insurance benefits was filed. The information is requested in accordance with Sections 1085 and 1092 of the Unemployment Insurance Code.

SSA No.:

Claim Effective Date:

Name:

**PLEASE COMPLETE THIS FORM AND RETURN IT IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS FROM THE ABOVE MAIL DATE. INCLUDE A SAMPLE COPY OF THE W-2 FORM THAT WAS PROVIDED BY YOUR COMPANY TO YOUR EMPLOYEES. (In addition, you may choose to provide other information and/or documentation to the Department that will help to protect your account, however, you are not required to do so. Please provide the above social security number on each document that you choose to submit.)**

Please provide the following information as it pertains to the individual named above:

1. Other names and/or social security numbers the individual worked under:

\_\_\_\_\_

2. Dates of most recent employment:

Began working on: \_\_\_\_\_ Last day of work: \_\_\_\_\_

3. List below any periods of partial or total unemployment (of one week or more) that occurred **after** the claim effective date: (If not applicable, leave blank.)

Last day of work: \_\_\_\_\_ Resumed work on: \_\_\_\_\_

Last day of work: \_\_\_\_\_ Resumed work on: \_\_\_\_\_

Last day of work: \_\_\_\_\_ Resumed work on: \_\_\_\_\_

4. Last known address and telephone number:

Residence address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date this information was last known to be valid: \_\_\_\_\_

**PLEASE RESPOND TO ANY AND ALL FUTURE NOTICES THAT YOU MAY RECEIVE ON THIS SOCIAL SECURITY NUMBER.**

I hereby certify that the information submitted is true and correct to the best of my knowledge.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

State Employer Account Number: \_\_\_\_\_