

EDD OFFICE NAME
P.O. BOX
CITY CA ZIP CODE



NOTICE OF OVERPAYMENT

CLAIMANT'S NAME
CLAIMANT'S ADDRESS
CITY CA ZIP CODE

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 1-800-815-9387

RE: 31 SO:06 PGM:UI

SOCIAL SECURITY NO.	BENEFIT YEAR BEGAN	TOTAL AMOUNT DUE	OVERPAYMENT AMOUNT	PENALTY AMOUNT	WAIVED AMOUNT	DATE MAILED
000 00 0000	00 / 00 / 00	\$ 0.00	\$ 0	\$ 0.00	\$ 00	00 / 00 / 00

AN OVERPAYMENT IN THE AMOUNT OF \$ 000.00 HAS BEEN CHARGED TO YOUR ACCOUNT IN CONNECTION WITH A CLAIM FOR UNEMPLOYMENT INSURANCE. BENEFITS WERE PAID BEFORE IT WAS KNOWN THAT YOU HAD EXCESSIVE EARNINGS.

SEE NOTICE OF DETERMINATION ATTACHED.

THE OVERPAYMENT IS FOR THE WEEKS ENDING:

00 / 00 / 00 \$ 0 00 / 00 / 00 \$ 0 00 / 00 / 00 \$ 0

YOUR OVERPAYMENT INCLUDES A PENALTY ADDED IN ACCORDANCE WITH SECTION 1375.1 OF THE UNEMPLOYMENT INSURANCE CODE WHICH PROVIDES THAT WHEN AN INDIVIDUAL HAS BEEN OVERPAID BENEFITS EITHER BECAUSE WILFUL FALSE STATEMENTS WERE MADE OR RELEVANT INFORMATION WAS WITHHELD, A PENALTY EQUAL TO 30% OF THE OVERPAYMENT AMOUNT MUST BE ASSESSED.

YOU ARE LIABLE TO REPAY THIS OVERPAYMENT. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO EMPLOYMENT DEVELOPMENT DEPARTMENT, INCLUDE SOCIAL SECURITY NUMBER, AND SEND IT TO THE FIELD OFFICE AT THE ADDRESS SHOWN ABOVE. IF UNABLE TO PAY IN FULL, REPAYMENT ARRANGEMENTS MAY BE MADE AND QUESTIONS ANSWERED BY THIS OFFICE.

SECTION 12419.5 OF THE GOVERNMENT CODE PROVIDES THAT THE STATE CONTROLLER MAY COLLECT ANY AMOUNT OWING A STATE AGENCY BY DEDUCTING THE AMOUNT OWED FROM ANY AMOUNT, INCLUDING A REFUND OF TAX OR LOTTERY WINNINGS, THAT THE STATE OWES THE DEBTOR.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

- A. COMPLETE THE ENCLOSED APPEAL FORM (DE 1000M) OR WRITE A LETTER STATING THAT YOU WANT TO APPEAL THIS DECISION. IF YOU WRITE A LETTER TO APPEAL, EXPLAIN THE REASON WHY YOU DO NOT AGREE WITH THE DEPARTMENT'S DECISION. WRITE YOUR SOCIAL SECURITY NUMBER ON EACH DOCUMENT YOU SUBMIT TO THE DEPARTMENT. (TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR), SECTION 5008).

- B. MAIL THE DE 1000M OR YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ON THE FIRST PAGE OF THIS DECISION.
- C. FILE YOUR APPEAL WITHIN TWENTY (20) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 00 / 00 / 00.

YOUR HANDBOOK, "A GUIDE TO BENEFITS AND EMPLOYMENT SERVICES," GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE OFFICE LISTED ON THE FIRST PAGE OF THIS NOTICE.

APPEAL INFORMATION:

WHEN YOUR APPEAL IS RECEIVED, YOUR CASE WILL BE REVIEWED. IF THE DECISION REMAINS THE SAME, WE WILL SEND YOUR APPEAL TO THE OFFICE OF APPEALS. IF YOU APPEAL AFTER THE 20 DAYS, YOU MUST INCLUDE THE REASON FOR THE DELAY. THE ADMINISTRATIVE LAW JUDGE WILL DETERMINE WHETHER YOU HAD GOOD CAUSE FOR THE DELAY. IF THE ADMINISTRATIVE LAW JUDGE DETERMINES YOU DID NOT HAVE GOOD CAUSE FOR SUBMITTING YOUR APPEAL LATE, YOUR APPEAL WILL BE DISMISSED.

THE OFFICE OF APPEALS WILL SEND YOU A LETTER WITH THE DATE, PLACE, AND TIME OF YOUR HEARING AND A PAMPHLET EXPLAINING APPEAL HEARING PROCEDURES. AT THE HEARING, THE ADMINISTRATIVE LAW JUDGE WILL LISTEN TO YOU, EXAMINE THE FACTS, AND MAKE A DECISION. YOU MAY HAVE A REPRESENTATIVE OR SOMEONE ELSE HELP YOU.

IF YOU ARE CLAIMING CONTINUING BENEFITS:

WHILE YOU WAIT FOR THE ADMINISTRATIVE LAW JUDGE'S DECISION, YOU MUST CONTINUE TO MAIL YOUR CLAIM FORMS TO THE EDD. IF YOU DO NOT RECEIVE CLAIM FORMS OR A FORM FROM THE OFFICE OF APPEALS, CONTACT THE OFFICE LISTED ON THE FIRST PAGE OF THIS NOTICE. IF THE ADMINISTRATIVE LAW JUDGE DECIDES YOU ARE ELIGIBLE FOR BENEFITS; WE CAN ONLY PAY BENEFITS IF CLAIM FORMS WERE RECEIVED FOR THAT WEEK.

OTHER SERVICES: CONTACT EDD FOR INFORMATION ABOUT (1) JOB REFERRALS, (2) DISABILITY INSURANCE, (3) OTHER EDD SERVICES (4) SERVICES OFFERED BY OTHER AGENCIES.