

**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 selected paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failures to report, disclose, or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or in a 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: #14</p> <p><input type="checkbox"/> [0] Not Hispanic or Latino</p> <p><input type="checkbox"/> [1] Hispanic or Latino</p> <p><input type="checkbox"/> [9] Unknown</p>
<p>2. Social Security Number</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 #11</p> <p>If No, Alien Registration # _____</p>
<p>3. Street Address</p> <p>Apt Number</p>	<p>13. Highest level of education completed (circle one): #15</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>5. Mailing Address (if different)</p>	<p>14. Have you had vocational or technical school training? #16</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? #17</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide the following: Name, Address, Phone Number of school or training program:</p> <p>_____</p> <p>_____</p> <p>_____</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? <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) #12</p>	
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female #13</p>	
<p>10. Race - Indicate by selecting one or more of the following: #14</p> <p><input type="checkbox"/> [1] White</p> <p><input type="checkbox"/> [2] Black or African-American</p> <p><input type="checkbox"/> [3] Asian</p> <p><input type="checkbox"/> [4] American Indian or Alaska Native</p> <p><input type="checkbox"/> [5] Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> [9] Unknown</p>	<p>16. In the last 18 months, what has been your usual occupation? #18</p> <p>_____</p> <p>What are your main job duties at your usual work?</p> <p>_____</p> <p>_____</p>

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17. What type of work are you looking for? **#19**

Months/Years experience in this type of work: _____

Are you only seeking part time work? Yes No

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

#20

\$ _____ per _____

What is the lowest rate of pay you will accept for a job?

#21

\$ _____ per _____

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) _____

20. Do you need any special licenses or certificates to do the type of work 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? _____

21. Were you entitled to any Social Security, pension, or retirement fund payments since the effective date of your current claim?

Yes No

If "Yes", give the amount you received:

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)	\$ _____

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

**BENEFITS ACCURACY MEASUREMENT
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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 ND MOST RECENT	3 RD MOST RECENT	4 TH 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 **#10**

**BENEFITS ACCURACY MEASUREMENT
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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

5TH MOST RECENT	6TH MOST RECENT	7RD MOST RECENT	8TH 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_____	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