

**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - NONSEPARATION 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>14. Have you had vocational or technical school training? 16 <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? 17</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", complete the following: Name, Address, Phone Number of school or training program:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. If you have moved since you first filed for unemployment benefits on _02-26-2016_, enter your address when you first filed:</p>	<p>16. In the last 18 months, what has been your usual occupation? 18</p> <p>_____</p> <p>_____</p> <p>What are your main job duties at your usual work? _____</p> <p>_____</p>
<p>7. Telephone Number (include area code)</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>8. Date of Birth (MM/DD/YYYY) 12</p>	<p>17. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 13</p>
<p>9. 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>18. In the last 18 months, what has been your usual occupation? 18</p> <p>_____</p> <p>_____</p> <p>What are your main job duties at your usual work? _____</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: _____

18. In the last 18 months, what has been your normal wage for the work you usually do? **20-21**
 \$ _____ per _____
 What is the lowest rate of pay you will accept for a job?
 \$ _____ per _____

19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? **26**
 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) _____

20a. Check all of the following sources of income you had **during the time you were denied**, and list the amount you received from each source for **denial period**, even if you were paid at some other time. **68,70,72,74**
 None (If "None", go to Question 20b)
 Wages _____ Wages in Lieu of Notice _____
 Holiday Pay _____ Reserve/National Guard _____
 Vacation Pay _____ Commission Payments _____
 Tips/Gratuities _____ Self-employment _____
 Workers Comp. _____ Contract Labor Earnings _____
 Disability Pay _____ Separation/Severance _____
 Other (specify) _____
 (Do NOT include Social Security or Veteran's Benefits)

20b. During the **time you were denied**, were you entitled to any Social Security, pension, or retirement fund payments? Yes No
 If "No", go to Question 21. If "Yes", give the amount you received:
 Social Security \$ _____
 Veterans Benefits \$ _____
 Railroad Retirement \$ _____
 Federal Civil Service Retirement \$ _____
 U.S. Military Retirement \$ _____
 State/Local Government Retirement \$ _____
 Private Employer or Union Pension \$ _____
 Other (specify) \$ _____

21. Do you expect to be called back to work by any past employer?
 Yes No **66**
 If "Yes", please answer the following:
 Do you have or have you received a recall notice?
 Yes No
 When were you told you would be recalled?
 _____/_____/_____
 Month Day Year
 Who notified you? _____
 When will you report back to work? _____
 Name, Address and Phone Number of employer:

22. 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? _____

23. Have you registered with the State Employment Service since you filed for unemployment benefits on 02-26-2016? **83**
 Yes No
 If "Yes", date: _____ Number of referrals: _____
85
 What were the results of these referrals?

24. Have you registered with a private employment agency since you first filed for unemployment benefits on _____? **86**
 Yes No
 If "Yes", number of referrals: _____ **87**
 What were the results of these referrals?

25. Are you a member of a Union? Yes No **88, 89**
 If "Yes" complete the following:
 Union Name: _____
 Local Number _____
 Address: _____
 Phone Number: _____
 Whom do you contact at the local? _____
 Does your union have a local hiring hall? Yes No
 Are your dues considered current? Yes No
 Do you get work ONLY through the union? Yes No
 Will you accept a non-union job? Yes No
 Are you eligible to be referred to jobs by the union? Yes No
 If "No", explain:
 Are you on the out-of-work list? Yes No
 If "Yes", when was the last time you signed the list? _____
 If "No", explain: _____
 How many jobs were you referred to by the union? _____
 What were the results of these referrals? _____

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26. During the period that you were denied, did you have or a member of your immediate family any health problem, handicap or disability that limited your ability to do your usual work or to look for work?

Yes No

If "Yes", explain:

27. During the period you were denied, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours? Yes No

If "No" go to Question 28.

If "Yes" was there some other person or place available to provide care?

Yes No

If "Yes" provide the name, address and phone number of the care provider:

28. During the period you were denied did you have transportation to get to and from a job? Yes No

29. Did you actively seek work during the week of _____? Yes No If "Yes", complete the following: **76 78**

1. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate any other job-development activities you engaged in during THE WEEK (such as networking, resume writing, visiting web sites or employment agencies.)

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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	2ND MOST RECENT	3RD MOST RECENT	4TH 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

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**

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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

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

