

**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - SEPARATION 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</p> <p><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 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 _____, enter your address when you first filed:</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>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>
<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"/> [6] Unknown</p>	

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<p>17. What type of work are you looking for? 19</p> <p>_____</p> <p>Months/Years experience in this type of work: _____</p>	<p>21. Do you need any special licenses or certificates to do the type of work that you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", did you have the license or certificate needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What kind of license or certificate is it?</p> <p>_____</p> <p>When does it expire? _____</p>
<p>18. In the last 18 months, what has been your normal wage for the work you usually do? 20</p> <p>\$ _____ per _____</p> <p>What is the lowest rate of pay you will accept for a job?</p> <p>\$ _____ per _____ 21</p>	<p>22. In your usual job do you normally work part time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you only seeking part time work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? 26</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", how was this information given to you? (Check ALL that apply)</p> <p><input type="checkbox"/> In-person (individual) interview <input type="checkbox"/> Group interview</p> <p><input type="checkbox"/> Booklet or Pamphlet</p> <p><input type="checkbox"/> Internet/telephone/other multimedia</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>23. Reason for Separation (Check block that indicates why you are no longer working for this employer.) 59</p> <p><input type="checkbox"/> Still employed</p> <p><input type="checkbox"/> Lack of Work or Layoff</p> <p><input type="checkbox"/> Discharge or Fired</p> <p><input type="checkbox"/> Quit or Retired</p> <p><input type="checkbox"/> Labor Dispute</p> <p><input type="checkbox"/> Seasonal</p> <p><input type="checkbox"/> Quit to move with spouse</p> <p><input type="checkbox"/> Other Compelling Reasons (explain): _____</p> <p>_____</p>
<p>20. Name, address and telephone number of last employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Work site: _____</p> <p>Your job title: _____</p>	<p>24. Between the last day you worked for your last employer and the time you filed for unemployment benefits, did you work for any other employer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide the name, address and phone number for this employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If yes, are you still working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Why are you no longer working for this employer?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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25. Please provide detailed information regarding the reason for your separation from employment with _____

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