

## North Carolina Department of Commerce Division of Employment Security



## Unemployment Insurance Quality Control Date:

Name	
Address	
Address2	
City, State, Zip	
	Batch No.
	Re: SS No. XXX-XX-
Dear,	
_	om as part of a Federal Benefit Accuracy Measurement Program. The ment insurance benefit claims are being paid properly in accordance
I will need to meet with you to review your	claim for benefits.
Please report to the Employment S	Security office, , , NC, on , at .m.
This is to confirm the appointment	nade by telephone.
When you report, please bring with you:	
1. This letter	
	th Record (Form 506E)
<ol> <li>Social Security C</li> <li>Drivers' License.</li> </ol>	ara
ii ziweis zieensei	
	KEEP THIS APPOINTMENT. FAILURE TO REPORT AS DIRECTED AND DULD AFFECT YOUR ELIGIBILITY FOR UNEMPLOYMENT INSURANCE
	e immediately contact me at the telephone number shown below or telephone number and leave a message with .
Quality Control Investigator Telephone: Fax:	