



North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance



Quality Control Unit

Name
Address
Address2
City, State, Zip

Retirement/Pension Payment Statement and Verification

Claimant: _____ Batch Number: _____

Social Security Number: _____ BYB: _____

I am receiving a retirement/pension payment, based upon my own previous work under
[] Social Security Act, or [] Railroad Retirement Act, or from [] (name of company)

My gross monthly payment (including amounts deducted for Medicare, a prior overpayment of benefits,
and any other amount deducted) and the date payments were first received are as follows:

Gross Monthly Date Payment
Payment: _____ From: _____ First Received: _____

Gross Monthly Date Payment
Payment: _____ From: _____ First Received: _____

I certify that the retirement/pension payment information shown above is true to the best of my
knowledge and belief. I also understand that this information will be verified with the appropriate
agency or employer and this is done with my knowledge and consent.

Claimant Signature: _____ Date: _____

Verification

Claimant, _____ Social Security Number, _____

is receiving a retirement/pension payment in the amounts and on the dates shown below:

Gross Monthly Date Payment
Payment: _____ From: _____ First Received: _____

Gross Monthly Date Payment
Payment: _____ From: _____ First Received: _____

The verification information shown above is correct to the best of my knowledge and belief.

Agency/Employer Rep: _____ Contact Info: _____

QC Investigator: _____ Date: _____

Mail or fax completed form to: Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number 919.715.7642

Help us prevent UI Fraud
by responding accurately and timely
to requests for information