

Unemployment Insurance Program

Benefit Payment Control Unit, P.O. Box 6123, Mail Drop 58N1, Phoenix, Arizona 85005-6123

Telephone: 602-364-4300

REQUEST FOR OVERPAYMENT WAIVER

To be considered for a waiver of your overpayment, please complete this form, and return it to the Arizona Department of Economic Security (DES), Benefit Payment Control Unit (BPC), by email at UIWaiverRequests@azdes.gov. If you have any questions, please call the BPC at (602) 364-4300. DES will notify you in writing with the result of your waiver request. If your waiver request is denied, you will have the opportunity to appeal the determination. If your waiver request is approved, you will receive a notice of your waiver approval. Note, if you have more than one overpayment, you must submit a separate waiver request for each one.

CLAIMANT INFORMATION (Please complete entire form)

Name (Last, First, M.I.): _____

Social Security Number: xxx-xxx-_____

Claimant ID: _____

(Please enter only the last four of your Social Security Number)

(Located on your claim)

Residential Address (No., Street, Apt., P.O. Box): _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

OVERPAYMENT DETAILS (Refer to the Determination of Overpayment Notice for this information or contact BPC at (602) 364 4300)

Amount of Overpayment: _____ Overpayment Classification: _____

Overpaid Benefit Week(s) Ending: _____ through: _____

To be considered for waiver of repayment, please answer each question below: (Important do not leave any blank)

- 1. I thought I was eligible to receive the benefits I applied for, and I did not knowingly or intentionally apply for benefits that I was not eligible for. Yes No
2. It would be extremely difficult for me to pay back some or all of the money now because I used all of that money on necessities such as rent/mortgage, utilities, food, and medical expenses to help support myself/my household. (If yes, please provide additional detail below) Yes No
3. Under the circumstances, it would be extremely unfair and cause serious hardship for myself and my household to ask me to pay back the money. (If yes, please provide additional detail below) Yes No

Please provide as much detail below to explain why you are requesting a waiver and why you cannot pay back the overpayment.

I certify that the above statements are true and correct to the best of my knowledge, and I have not withheld any information that could be used when considering my request for a waiver.

Signature: _____

Date: _____