

### ELIGIBILITY INVESTIGATION RECORD – WC ALT. BASE PERIOD

C1      C2      C4      Process Date \_\_\_\_\_      C5      Social Security Number \_\_\_\_\_  
 Claimant Name \_\_\_\_\_ Issue Code \_\_\_\_\_  
 Issue ID (C2) \_\_\_\_\_ Deputy ID \_\_\_\_\_ PGM \_\_\_\_\_  
 Issue Status **75** Resolution **75** Count \_\_\_\_\_ Untimely \_\_\_\_\_ 1<sup>st</sup> Affected BWE \_\_\_\_\_  
 REDET Reason \_\_\_\_\_ Disqualification Start **(N/A)** Disqualification End **(N/A)**  
 Statement 1 \_\_\_\_\_ Statement 2 \_\_\_\_\_ ER Charge Statement **(N/A)**  
 C5 \_\_\_\_\_ ER Number \_\_\_\_\_ ER Name and Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Free Form Text      C9 Release Date \_\_\_\_\_ Ltr # \_\_\_\_\_

UB-001:      Received      Not Received

**I certify I obtained the following information from the parties named.**

Deputy's Name \_\_\_\_\_

### FINDINGS OF FACT

Basis for Adjudication:      **Worker's Compensation – alternate base period.**      Date Issue Detected \_\_\_\_\_

UB-436 Mailed \_\_\_\_\_ Received      Yes      No

TC      VM      Message (Date/Time) \_\_\_\_\_

Name \_\_\_\_\_ to RTC by (Date/Time) \_\_\_\_\_

If failure to RTC determination will be issued with the available information.

Type of Injury / Disability \_\_\_\_\_ Date of Injury / Disability \_\_\_\_\_

Date Released for Work \_\_\_\_\_ Last week that was or will be compensated by worker's compensation: \_\_\_\_\_

Name of employer where disability occurred \_\_\_\_\_

Date contacted employer to return to employment \_\_\_\_\_

Name and title of person contacted \_\_\_\_\_

Reason for not returning to the job \_\_\_\_\_

If employer not contacted, why not? \_\_\_\_\_

Was the claim filed by the end of the fourth calendar week after the last week compensated by Worker's Compensation?

Yes      No

Was the claim filed within two years after the disability began?      Yes      No

Other:      See UB-296 or other doctor's statement attached      See attached statement from Worker's Compensation  
             See UB-001/BPR: ARS §23-771.B

R&C:      **Eligible to use alternate base period.**  
             **Not eligible.**      Claim not filed within four weeks of disability end.  
    Claim not filed within two years of disability start.  
    Did not attempt to return to former employer.