

COMBINED-WAGE CLAIM WITHDRAWAL

Claimant Information

Name *(Please print or type)*: _____ Social Security Number: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____ Phone Number: _____

I want to withdraw my combined-wage claim against Arizona and intend to file an individual claim against the State of _____

I have not received any unemployment insurance benefits as a result of my Arizona combined-wage claim.

I have received unemployment insurance benefits from my Arizona combined-wage claim. To repay the overpayment created by withdrawing my claim,

I am immediately repaying the State of Arizona (attach check or money order) in the amount of \$ _____

I authorized the State of _____ to deduct an amount sufficient to repay this overpayment of \$ _____ and to forward these benefits to the State of Arizona.

Claimant's Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Deputy's Signature: _____

(Authorized representative to administer oaths and affirmations pursuant to Arizona Revised Statutes § 23-675)