

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 _____ 1st 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.