



# Arizona Application for Unemployment Insurance Benefits



[www.azui.com](http://www.azui.com)

# What to Expect When Filling out this Application

The information you provide in this application will help us determine your eligibility for Unemployment Insurance Benefits payments. If you need assistance completing this application, call the Unemployment Insurance Benefits team toll-free at (877) 600-2722.

If you need an interpreter to translate the information in this application into the language you speak, call (855) 432-7587.

<p><b>Who should complete the Arizona Application for Unemployment Benefits?</b></p>	<ul style="list-style-type: none"> <li>● If you have lost your job recently due to no fault of your own, you may be eligible to receive payments for Unemployment Insurance Benefits.</li> </ul>
<p><b>How long will it take to complete this application?</b></p>	<ul style="list-style-type: none"> <li>● It takes most people about 1 hour to gather the personal documents needed and complete this application.</li> <li>● This application can also be completed online at <a href="http://azui.com">azui.com</a>.</li> </ul>
<p><b>What do I need to complete this application?</b></p>	<ul style="list-style-type: none"> <li>● A clear photograph of a valid government-issued photo identification of yours</li> <li>● Social Security Number</li> <li>● Mailing address</li> <li>● Employment history (Refer to your paystub(s) to provide the correct employer information.)</li> <li>● If you've been released from the military or if you were employed in Federal Civilian service within the last 18 months, include a copy of your DD214 form or a copy of your Standard Form 8 (SF8) or Standard Form 50 (SF50).</li> </ul>

**Part 1: Personal Information**

To help you receive the benefits you may be eligible for, we need to ask the following questions required by federal regulations.

- 1. First Name: \_\_\_\_\_ 2. Middle Initial (*optional*): \_\_\_\_\_ 3. Last Name: \_\_\_\_\_
- 4. Date of Birth: \_\_\_\_\_ 5. Social Security Number: \_\_\_\_\_
- 6. Other names or SSNs you have used in the last 2 years: \_\_\_\_\_
- 7. Gender:    Female        Male        I do not wish to answer
- 8. Have you registered with the Selective Service? (*The Selective Service System is an independent agency that maintains information on U.S. citizens and residents potentially subject to military draft. Almost all male US citizens and male immigrants, who are 18 through 25 years of age, are required to register with Selective Service.*)  
 Yes        No        Documented Exemption from Registration        Not Applicable

**Address Confidentiality Program (ACP)**

The **Address Confidentiality Program** protects the addresses of individuals who are victims of domestic violence. To be enrolled in the Address Confidentiality Program (ACP) an individual must have applied with the office of the Secretary of State and received an approval letter.

Are you currently enrolled in the Address Confidentiality Program?    Yes        No

If Yes, provide the following two dates shown on your ACP authorization card:

ACP Enrollment Date: \_\_\_\_\_ ACP Expiration Date: \_\_\_\_\_

If Yes, enter the address that is shown on your ACP authorization card for questions 9 and 10. Provide the complete address, including the Apt. number. **Do not enter your residential address in question 9 below if you are an active participant in the ACP.**

9. Residential Address: (*This is where you live.*)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

10. Mailing Address: (*This is where you receive your mail.*)

Use residential address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

11. Primary Phone Number: \_\_\_\_\_

Primary Phone type: (*choose one*)

Cell/ mobile phone    Relative's phone    Work phone    Home    Other

Alternate Phone (*optional*): \_\_\_\_\_

Alternate Phone type: (*choose one*)

Cell/ mobile phone    Relative's phone    Work phone    Home    Other

12. Email Address: \_\_\_\_\_

13. Select a method in which you prefer to receive your notifications:

Internal Message (CACTUS portal message center)

Email

Text Message (if available) If checked, provide cell phone number: \_\_\_\_\_

*Notifications and reminders may be sent to you via text message, however, Unemployment Insurance (UI) documents including determinations will not be sent through text message.*

Postal Mail (you do not need to consent below if you select this option)

**Electronic Communication Consent:**

I consent to receive electronic communication including information or document requests and eligibility determinations.

I do not consent to receive electronic communication including information or document requests and eligibility determinations. If you do not consent, the Department will not be able to communicate with you electronically.

I understand I can change my preferred notification method at any time through the Comprehensive Arizona Claims Tracking and Unemployment Insurance System (CACTUS) portal or by contacting the Unemployment Insurance Call Center at (877) 600-2722.

14. Citizenship

U.S. Citizen or U.S. Territory

U.S. Permanent Resident

Alien/Refugee lawfully admitted to the U.S.

If you are not a Citizen of the U.S. or U.S. Territory, **you must provide a copy of the front and back of your Alien Registration Card with this application.**

15. Do you wish to disclose a disability? If Yes, answer questions 15a. and 15b.

Yes, I have a disability I wish to disclose

15a. Are you receiving Supplemental Security Income (SSI)?      Yes      No

15b. Are you receiving Social Security Disability Insurance (SSDI)?      Yes      No

No, I do not have a disability

I do not wish to answer

16. Your highest education level achieved: \_\_\_\_\_

17. Are you currently attending school?

Yes, attending high school, junior high, middle, or elementary school

Yes, attending an alternative high school

Yes, attending college or a technical or vocational school

No, not attending any school

18. Are you of Hispanic or Latino heritage?

Yes      No      I do not wish to answer

19. Race - Check all that apply:

African American/Black      American Indian/Alaskan Native      Asian      Hawaiian/Other Pacific Islander

White      I do not wish to answer

20. What is your primary language? \_\_\_\_\_

If your primary language is not English, do you require English language assistance?      Yes      No

21. Are you the spouse or caregiver of an active U.S. Military member or a veteran?      Yes      No

If Yes, answer question 21a.

21a. Are you the spouse of a member of the armed forces who is on active duty?      Yes      No

22. Did you ever serve over 180 consecutive days in active duty for the U.S. Military?      Yes      No

23. Have you been classified as a disabled veteran?      Yes, disabled      No

If Yes, answer question 23a.

23a. What is the percentage of the disability? \_\_\_\_\_

**Part 2: Employment Status Information**

24. Did you work during the last 18 months?      Yes      No

25. Have you worked in two or more states during the last 18 months?      Yes      No

If Yes, in what state(s) have you worked in besides Arizona in the last 18 months?

\_\_\_\_\_

26. Have you filed for unemployment insurance benefits within the last 12 months?      Yes      No

If Yes, in what state(s) have you filed for unemployment insurance benefits in the last 12 months?

\_\_\_\_\_

27. Have you worked for, or earned wages from, the United States federal government (not military) during the last 18 months?      Yes      No

If Yes, answer questions 27a, 27b, and 27c.

27a. In Arizona?      Yes      No

27b. In another state?      Yes      No

27c. Was your last official duty station outside of the US?      Yes      No

If Yes, Are you a resident of Arizona?      Yes      No

If Yes, Are you filing from Arizona?      Yes      No

28. Were any of your wages earned in the military during the last 18 months?      Yes      No

If Yes, answer question 28a.

28a. Are you physically located in Arizona?      Yes      No

29. Current employment status (*only choose one*):

Working Full-Time      Working Part-Time      Not Working      Never Worked      Other

30. Are you physically and mentally able to work?      Yes      No

If No, check all the reasons that apply:

Illness or Injury      Physical Limitations      Mental Limitations      Disability      Pregnancy

31. Are you available for work? (*You are available for work if you do not have any restrictions that would prevent you from looking for full-time work*)      Yes      No

If No, check all the reasons that apply:

Lack of Transportation      Lack of Childcare      Illness of Family Member  
 Caring for Family Member      Domestic Responsibility      Incarceration  
 Leave of Absence      Out of the Area      Military Obligations

Jury Duty or Other Public Service

Other Reasons Explain: \_\_\_\_\_

32. Are you self-employed, or the owner, or the operator of a business or farm?      Yes      No

33. Are you an elected official?      Yes      No

34. Since you have become unemployed, are you working on a commission basis?      Yes      No

35. Are you attending school or training?    Yes    No
36. Have you refused a job offer since becoming unemployed?    Yes    No
37. Have you refused a referral to work since becoming unemployed?    Yes    No
38. Did you become unemployed or partially unemployed as a direct result of a foreign trade competition covered by a Certified Trade Petition? *(If not sure, answer no.)*    Yes    No
39. Have you been employed by a public or private school during the past 18 months?    Yes    No
40. In the last 18 months, have you worked as a professional athlete?    Yes    No
41. Are you a member of a labor union which finds/obtains work for its members?    Yes    No
- If Yes, answer questions 41a, 41b, and 41c.

41a. Local union name and number: \_\_\_\_\_

41b. Do you use the Union Hiring Hall as your sole method for job seeking?    Yes    No

41c. Are you a paid-up member of a Union obtaining work through a union hiring hall?    Yes    No

**Part 3: Employment History Information**

You must provide a history of *all* the employers you have worked for over the last 18 months (regardless of state, type of work, or length of job). If you have more than one employer you must include them on a separate sheet of paper, return that paper with the application, and include your answers to questions 42-72 for each of your employers. Your application cannot be completed until this information is entered. **Refer to your paystub(s) to provide the correct employer information.**

42. Enter the Employer's name (not your supervisor's name) as shown on your paystub:  
\_\_\_\_\_

43. Mailing address: \_\_\_\_\_

44. City: \_\_\_\_\_ 45. State: \_\_\_\_\_ 46. ZIP Code: \_\_\_\_\_

47. Country: \_\_\_\_\_

48. Employer's Phone Number: \_\_\_\_\_

49. Is this your last employer?    Yes    No

50. Is this employer considered a temporary agency? *(A temporary agency specializes in finding positions for individuals looking for work on a temporary basis.)*    Yes    No

51. Your Job Title: \_\_\_\_\_

52. Your Occupation: \_\_\_\_\_

53. Type of Employment:
- |                     |            |                |
|---------------------|------------|----------------|
| Regular             | Temporary  | Seasonal       |
| Contract            | Internship | Apprenticeship |
| On the Job Training |            | Gig Job        |

54. Full-time or part-time? \_\_\_\_\_

55. Number of hours a week you normally work? *(excluding overtime)* \_\_\_\_\_

56. Gross Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ *(hour, day, week, bi-weekly, semi-month, month, year, quarter, other)*

57. Was this salary commission-based?    Yes    No

58. Date you began work: \_\_\_\_\_

59. Are you currently employed with this employer?    Yes    No

60. Gross earnings this week: \_\_\_\_\_

61. Number of hours worked this week: \_\_\_\_\_

62. Reason for Separation:

I was terminated/fired because: \_\_\_\_\_

I resigned/quit my job because: \_\_\_\_\_

I was laid off due to a lack of work or a reduction in force

I am on a leave of absence

I am suspended from work

My employer and a union(s) are involved in a labor dispute/strike

I am still working full-time. If you are still employed, you will be required to enter the last day that you physically worked for your current employer.

63. Last day you physically worked (MM/DD/YYYY): \_\_\_\_\_

64. Does the employer intend to recall you within 6 weeks?    Yes    No

If Yes, answer questions 64a. and 64b.

64a. What is your anticipated recall date: \_\_\_\_\_

64b. Do you have a recall notice in writing from your employer?    Yes    No

65. Was this employment with an educational institution?    Yes    No

If Yes, answer question 65a.

65a. Is this educational institution currently on a vacation period or holiday break?    Yes    No

If No, answer 65b.

65b. What date does the next customary vacation period or holiday break begin: \_\_\_\_\_

66. Was this employment with a school bus company?    Yes    No

If Yes, answer question 66a.

66a. Is the school currently on a vacation period or holiday break?    Yes    No

If No, answer 66b.

66b. What date does the next customary vacation period or holiday break begin: \_\_\_\_\_

67. Are you a corporate officer or a relative of a corporate officer?    Yes    No

68. Was your job eliminated because the work was transferred out of the country?    Yes    No

69. Are you a spouse or parent of this employer?    Yes    No

If Yes, answer question 69a.

69a. Is this business incorporated?    Yes    No

70. Indicate if you have received or will receive any of the following payments from this employer:

	<b>Severance Pay</b>	<b>Vacation Pay/ Personal Leave Pay/PTO?</b>	<b>Holiday Pay</b>	<b>Sick Pay</b>	<b>Wages in Lieu of Notice</b>
<b>Gross Amount:</b>					

71. Indicate if you have received, or will receive pension or retirement payments from this employer. *(This does not include pension benefits received from Social Security or Social Security Disability.)*

71a. Pension/Retirement Benefits:      Yes      No

If Yes to 71a, answer the following questions.

Pension Type: \_\_\_\_\_

Gross Amount: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Did you contribute to the pension?      Yes      No

71b. 401K/403B/Personal IRA/KEOGH:      Yes      No

If Yes to 71b, answer the following questions.

Gross Amount: \_\_\_\_\_ Per: \_\_\_\_\_

72. Military service connected disability compensation? *(Answer No if paid by VA)*      Yes      No

73. Have you received or will you receive Workers' Compensation from this employer?      Yes      No

**Part 4: Payment Information**

74. **Debit Card:** The default payment method for receiving your UI benefits is a state-issued prepaid debit card, which the Department's banking institution will mail to you. This card is valid for five years and provides you quick and easy access to your benefits. You will not receive a new card each time you file for benefits. If you have a valid prepaid debit card from the State of Arizona for child support, you will not be issued a prepaid debit card for UI benefits. Your UI benefits will be deposited into this debit card account.

**I certify that:**

I authorize the Arizona Department of Economic Security, Unemployment Insurance (UI) Program to make automatic deposits of the full amount of any payments of my weekly UI benefits to an Arizona Electronic Payment Card (EPC).

I Confirm that debit card is my preferred payment method.

I have read the Unemployment Compensation Pre-Acquisition Disclosure Information.

**Direct Deposit:** An alternative method of payment to the debit card is direct deposit. Direct deposit is the electronic transfer of your weekly unemployment benefit payment into your bank account. When you sign up for direct deposit, you are giving the Department permission to credit your bank account. To sign up for direct deposit, you can log into the CACTUS portal, click "Unemployment Services" and choose "Update Banking Information" to enter your bank account information.

75. **Unemployment Insurance benefits are taxable.** State law provides that you can have an amount equal to 10% of your maximum weekly benefit amount withheld from your Unemployment Insurance benefits for federal income tax and 10% of the federal deduction amount withheld for state income tax. You can have both federal and state income taxes withheld, or federal tax withheld, but you cannot have only the state tax withheld. The tax will be deducted from the benefit amount remaining after any earnings, pension, overpayment offset, or child support amounts are deducted.

**Select one of the following options:**

Do not withhold taxes

Withhold federal taxes

Withhold federal and state taxes

76. **Electronic Tax Form Consent:** The 1099-G is a tax form the Department uses to report the benefits you received in a tax year to you and to the Internal Revenue Service (IRS). You can consent to receive your 1099-G tax form electronically instead of by mail. This choice is optional. If you do not provide consent for your 1099-G to be sent electronically, the Department will mail your 1099-G to the mailing address on your claim after the end of the tax year. If you do consent to receive the 1099-G electronically, your consent will apply to all the Unemployment Insurance Benefits you received during the year. To receive the electronic 1099-G using the CACTUS portal, you must be able to access your account online and have the ability to download, view, and print PDF documents. You can change how you receive your 1099-G at any time through the CACTUS portal or by contacting the Unemployment Insurance Call Center at (877) 600-2722.

**Select one of the following options:**

I consent to receive the 1099-G electronically for all tax years until I withdraw my consent.

I do not consent to receive the 1099-G electronically and wish to receive the 1099-G by mail.

**Part 5: Required Certifications and Signature**

**By submitting this application, I certify that:**

1. All information submitted is true and complete, and
2. I am responsible to read and understand “A Guide to Arizona UI Benefits” and any other official written material provided to me regarding the Unemployment Insurance (UI) benefits program, and
3. I acknowledge that any false statements in this application are punishable under Arizona Revised Statutes 23-785 and 23-778 and that a person who knowingly makes a false statement or knowingly withholds information to obtain UI benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits. ***It is a felony to misrepresent or fail to disclose facts or to make false statements in order to obtain or increase benefits.***

**I certify that I want to file this claim.**

**Check each box below to indicate that you have read and understand the following requirements before you continue.**

I must be able to work and available for work.

I understand if I am offered a job, I must be able to accept it and I can only refuse a bona fide offer of work for good cause.

I must make at least four (4) work search contacts on at least four (4) different days of the week to fulfill the work search requirement.

I understand that a partial registration will automatically be completed with Arizona Job Connection (AJC) as part of my UI benefit application process and ARIZONA@WORK can connect me to resources to help me find a job.

I must submit my weekly continued claim (weekly claim) for UI benefits at azui.com, even while my claim is being processed or I am waiting for an appeal decision.

I understand that submitting my weekly claim without meeting the work search requirements will result in disqualification for the duration of my unemployment until I return to work and earn eight (8) times my weekly benefit amount and I become unemployed again through no fault of my own.

If I work or earn any money, I must report the total amount earned before deductions when I file my weekly claim. I must report any work I do during a week, even if I have not been paid at the time I file my weekly claim.

When I report earnings I must include tips, meals, lodging, merchandise, or any other kind of payment I received for services including payment for showing up to work or for processing time even if I did not work, and any partial or temporary employment, commission sales, odd jobs, or self-employment.

I may earn up to \$160.00 in a week without affecting my weekly benefits. If I earn over \$160.00 in a week, the excess amount will be deducted from my weekly benefit amount. The benefit payable will be rounded to the nearest dollar. If I have earnings equal to or greater than my weekly benefit amount, I will not be eligible for benefits for that week.

I understand all weekly claims for UI benefits are for a calendar week which is a period of seven (7) consecutive days beginning at 12:01 am Sunday and ending at 12:00 midnight on the following Saturday. I have from Sunday to Saturday to submit my weekly claim for the previous week. I cannot submit my weekly claim until the prior week has ended.

If I do not submit my weekly claim on time, my UI benefit eligibility may be affected.

I understand I will not receive payment during the first week when I become eligible for UI benefits.

If I have selected debit card as my method of payment, I understand the card will be mailed from Comerica Bank when my claim becomes payable.

I am responsible for reading and understanding A Guide to Arizona UI Benefits.

I understand my claim may be audited for any week I claim UI benefits and I will be required to provide information regarding my eligibility if audited. My UI benefits may be denied for any week if the information is not verifiable.

I acknowledge that any false statements in this application are punishable under Arizona Revised Statutes 23-785 and 23-778 and that a person who knowingly makes a false statement or knowingly withholds information to obtain UI benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits. ***It is a felony to misrepresent or fail to disclose facts or to make false statements in order to obtain or increase benefits.***

If I have reported a Federal employer, I am required to provide a copy of my SF8 (Notice to Federal Employee About Unemployment Insurance) and/or SF50 (Notice of Personnel Action form) to complete my claim.

If I have reported a Military employer, I am required to provide a copy of my DD 214 Member 4 copy (or Member 2 copy or DD 215 or NOAA 56-16, if applicable) to complete my claim.

**Check the box below to certify the truthfulness of your application.**

I certify that the information I have provided on this application is true, accurate, and complete, to the best of my knowledge.

**Identification:** You must include with your application a clear photograph of a valid government-issued photo identification of yours. Examples of acceptable photo identification include: a state-issued driver's license or identification card, certificate of US naturalization, a Permanent Resident Alien card, a valid passport, or military identification. Someone from the Department will contact you to verify your identity prior to you receiving any Unemployment Insurance benefits.

**I know that the law provides penalties for false statements in connection with this claim.**

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 6: Submitting Application and What to Expect Next

Submit your completed and signed application by:



### Fax

(602) 364-1210 or (602) 364-1211 (Phoenix) (520) 770-3357 or (520) 770-3358 (Tucson)



### Mail

Arizona Department of Economic Security  
Unemployment Insurance Program  
P.O. Box 29225, Mail Drop 5895  
Phoenix, AZ 85038-9225



### Email

UIClaimdocs@azdes.gov

The Department will review the documents you submitted with your application to verify your identity.

New UI claims are usually processed within 3 weeks from the date you submit the application. During this time, we will gather information to determine if you are eligible to receive UI benefits. The Department may contact you for additional information.

If you are unable to access and/or use a computer, tablet, phone, or another device to file your weekly claims online, complete the "Request to File Unemployment Insurance Weekly Claims" form attached to this application and provide a detailed explanation for the reason you will need to receive paper weekly claims in the mail.

The following documents are included with this application and it is important for you to review them carefully:

- A Guide to Arizona Unemployment Insurance Benefits
- Request to File Unemployment Insurance Weekly Claims

Arizona Department of Economic Security  
Unemployment Insurance Program  
P. O. Box 29225 Mail Drop 5895, Phoenix, Arizona 85038-9225  
Fax: 602-364-1210 or 602-364-1211  
Fax: 520-770-3357 or 520-770-3358

## Request to File Unemployment Insurance Weekly Claims

To file your weekly claim, log on to our secure website at [azui.com](http://azui.com).

Filing online results in faster payment of benefits because mail delivery and process time would be eliminated. If you are unable to access and/ or use a computer, tablet, phone, or other device to file your weekly claims online, you can visit one of our Employment Service offices or your local library.

If you are unable to file your weekly claim(s) on our secure website, provide a detailed explanation for the reason you will need to receive paper weekly claims in the mail. Complete the bottom portion of this form. Return it by mail or fax to the fax number or address located on the top of this form.

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Arizona Department of Economic Security Way2Go Card® issued by Comerica

You have options to receive your payments: this prepaid card or direct deposit to your bank account. Tell the State agency which option you choose.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network	<b>N/A</b>
		<b>\$0.75</b> out-of-network	

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ATM balance inquiry (in-network or out-of-network)	\$0.00
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Customer service (automated or live agent)	\$0.00
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Inactivity	\$0.00
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**We charge 2 other types of fees.** Here they are:

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Card replacement (regular or expedited delivery)	\$0 or \$11.00
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International ATM transaction	\$0.75
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**No overdraft/credit feature.**

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid).

Find details and conditions for all fees and services in the cardholder agreement.

## List of all fees for Arizona Department of Economic Security Way2Go Card Prepaid Mastercard

All Fees	Amount	Details
<b>Get Started</b>		
Card purchase	\$0.00	There is no fee to obtain a Card account.
<b>Monthly Usage</b>		
Monthly Usage Fee	\$0.00	There is no monthly fee associated with this card.
<b>Spend money</b>		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or Personal Identification Number (PIN) number.
Online Bill Pay	\$0.00	There is no fee to use our bill pay service on our website, <a href="http://www.GoProgram.com">www.GoProgram.com</a> .
<b>Get Cash</b>		
ATM withdrawal (in-network)	\$0.00	There is no fee for in-network ATM withdrawals conducted at Comerica, Allpoint and MoneyPass ATM locations. In-network locations can be found at <a href="https://locations.comerica.com/">https://locations.comerica.com/</a> , <a href="https://www.allpointnetwork.com/locator.html">https://www.allpointnetwork.com/locator.html</a> and <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
ATM withdrawal (out-of-network)	\$0.75	This is our fee. "Out-of-network" refers to all ATMs outside of the Comerica Bank, Allpoint and MoneyPass ATM Network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your Card at an ATM, the maximum total amount that may be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawal (OTC)	\$0.00	You are allowed unlimited teller-assisted cash withdrawals for no fee at Mastercard Member Bank or Credit Union teller windows.
<b>Information</b>		
ATM balance inquiry (in or out-of-network)	\$0.00	There is no fee to conduct balance inquires at ATM location
ATM denial (in or out-of-network)	\$0.00	There is no fee for declined transactions at any ATM.
Customer service	\$0.00	There is no fee for calling the automated customer service number on the back of your card. There is never a fee to transfer to a live agent.
<b>Using your card outside the U.S.</b>		
International ATM transaction	\$0.75	This is our fee you will be charged for each ATM withdrawal you conduct outside the United States. You may also be charge a fee by the ATM operator, even if you do not complete the transaction.
International transaction fee	\$0.00	There is no additional fee to conduct transactions outside the U.S.
<b>Other</b>		
Card replacement	\$0.00	There is never a charge to replace your card. Standard delivery in the U.S. 7 to 10 calendar days.
Expedited card delivery	\$11.00	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee. Expedited card delivery is 3 to 5 calendar days.
Funds transfer	\$0.00	There is no fee to transfer funds from your card account to a bank account owned by you located in the U.S.A.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See [fdic.gov/deposit/deposits/prepaid.html](https://fdic.gov/deposit/deposits/prepaid.html) for details. No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-833-915-4041, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit [www.GoProgram.com](http://www.GoProgram.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid).

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](http://cfpb.gov/complaint).