

DETERMINATION OF OVERPAYMENT



Unemployment Insurance Program
PO Box 29225, Mail Drop 5895
Phoenix, AZ 85038-9225
Telephone (877) 600-2722 Fax (602) 364-1211

Claimant ID Number:

Claim Effective Date:

Benefit Year End:

Case ID:

Issued Date:

If you disagree with the decision of your Unemployment claim, you have 15 days from this date to file an appeal unless you have an approved reason for missing the deadline.

DETERMINATION OF OVERPAYMENT

Classification: **Non-Fraud**

The classification type of your overpayment (Fraud, Non-fraud or Administrative)

The Department of Economic Security (DES) has determined that you have been overpaid benefits on your [claim/program type] claim with effective date [ClaimEffectiveDate]. Our records show that you were not eligible for [OPEstablishedAmount] in [funding source] benefits. These benefits were paid to you from benefit week ending [firstoverpaidBWE] to benefit week ending [lastoverpaidBWE]. This determination was made because of [OverpaymentReason]. If you have questions about the reason for disqualification, contact the Unemployment Insurance call center at 1 (877) 600-2722.

The amount of your Overpayment.

The total amount of the overpayment is [OPEstablishedAmount]. This amount may seem more than what you received in benefits because we may have withheld child support and/or federal and state income tax withholding from your benefit amount.

You have the right to appeal this determination.

This determination is final. If you disagree with this determination, you can file an appeal within 15 calendar days after the date issued. Therefore, your appeal must be received, or postmarked, by [date]. See the following page(s) for instructions on how to file an appeal and other important information.

The reason you were not eligible for the benefits. Which may include if you are eligible to have the overpayment waived by the DES.

Your appeal rights, along with additional information will be included with your overpayment notice.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

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