



CLAIMANT ID:

CLAIM ID: 202102
10/8/2021

Claimant First and Last Name : ,
Claimant ID :
Claim ID : 202102

Mail Date of Fact-Finding Form :

Issue ID associated with the Determination that lists the overpayment for which the waiver is requested:
Mail or distribution date on the Determination that lists the overpayment for which you are requesting a waiver:

The following information is needed to determine your eligibility to potentially waive the overpayment on your claim referenced above. To request to waive the overpayment, you must complete the following questions and submit your responses by . To be considered for the overpayment waiver, you must respond by the deadline provided above. Once responses are submitted, your application will be processed, and you will receive a determination about your eligibility for waiver of the overpayment. Please allow time for the Department to process your request.

- 1. What is the date you first became aware of this overpayment? _____
- 2. Did you file an appeal with the Department to challenge the overpayment? Yes No
- 3. (if yes to question 2) If you filed an appeal to the determination establishing the overpayment, have you received a decision from an Appeals Referee? Yes No Not applicable because I didn't file an appeal
- 4. Has your appeal deadline passed for the determination establishing the overpayment? Yes No
- 5. Have you made any payments toward the overpayment? Yes No
- 6. If yes, how much has been paid and on what dates? _____

WAIVER QUESTIONS

1. Did you knowingly provide false information or fail to provide information in order to receive benefit payments? Yes No
2. Did you fail to respond to requests for information or fact-finding to the Department? Yes No
3. Did you respond to all fact-finding requests or other requests for information as requested by the Department? Yes No
4. Did you leave out any information when completing your responses to the Department? Yes No
5. When you received the benefit payments, did you know they were issued in error? Yes No
6. Did you know that you should not have received those benefits? Yes No
7. A. Would having to repay this overpayment cause a significant financial hardship for you? Yes No
- B. Do you need all of your current income to meet your current ordinary and necessary living expenses? (i.e., rent/mortgage, food, insurance, and utilities) Yes No
8. A. I was provided a Notice of Eligibility or Notice of Approval from the Department for the benefits I was paid, and I reasonably believed I was eligible to receive the payments provided. I did not take action to repay the benefits because of the Notice of Eligibility or Approval. Yes No
- B. If you relied on the information in the Notice of Eligibility or Notice of Approval, would repaying these benefits significantly change your economic position? Yes No
- C. Even though you relied on the information in the Notice of Eligibility or Notice of Approval, did you suspect the payments were made in error? Yes No
9. Did you receive the Department's correspondence notifying you of the overpayment associated with your claim several weeks after you received your benefit payment? Yes No

If your request for an overpayment waiver is denied you may still request an adjustment to the repayment schedule if it would cause you a financial hardship.