

Coupon to Claim Weekly Unemployment Insurance Benefits by Mail

Full name:	SS#: 999-99-9999
------------	-------------------------

Week Ending: ___/___/___

KEEP ANSWERS WITHIN THE BOXES/CIRCLES

PLEASE READ INSTRUCTION SHEET. SUBMIT ONE COUPON PER WEEK CLAIMED.

1. During the week claimed, did you work (including self-employment, training, and orientation)?
If yes, enter the number of **hours** and **minutes** you worked each day during the week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
__ : __	__ : __	__ : __	__ : __	__ : __	__ : __	__ : __

Were gross earnings (excluding self-employment) for the week more than \$504? _____

Yes No

Yes No

2. During the week claimed, was there any day(s) that you were not ready, willing or able to work? _____
If yes, fill in the circle(s) for the day(s) you were NOT ready, willing and able to work. _____

Yes No

(Mo) (Tu) (W) (Th) (F) (Sa) (Su)

3. During the week claimed, did you refuse any job offer or job referral? _____

Yes No

4. During the week claimed, was there any day(s) that you were due or received vacation or holiday pay? __
If yes, fill in the circle(s) for the day(s) that you were due or received vacation or holiday pay. _____

Yes No

(Mo) (Tu) (W) (Th) (F) (Sa) (Su)

5. During the week claimed, was there any day(s) that you were outside of the United States, a Territory of the United States or Canada?
If yes, fill in the circle(s) for the day(s) that you were outside of the United States, a Territory of the United States or Canada.

Yes No

(Mo) (Tu) (W) (Th) (F) (Sa) (Su)

If your address has changed, check box and enter your new address on back ►

MAIL TO:
New York State Department of Labor
PO Box 1979
Albany, NY 12201-1979

Coupon to Claim Weekly Unemployment Insurance Benefits by Mail

Full name:	SS#: 999-99-9999
------------	-------------------------

Week Ending: ___/___/___

KEEP ANSWERS WITHIN THE BOXES/CIRCLES

PLEASE READ INSTRUCTION SHEET. SUBMIT ONE COUPON PER WEEK CLAIMED.

1. During the week claimed, did you work (including self-employment, training, and orientation)?
If yes, enter the number of **hours** and **minutes** you worked each day during the week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
__ : __	__ : __	__ : __	__ : __	__ : __	__ : __	__ : __

Were gross earnings (excluding self-employment) for the week more than \$504? _____

Yes No

Yes No

2. During the week claimed, was there any day(s) that you were not ready, willing or able to work? _____
If yes, fill in the circle(s) for the day(s) you were NOT ready, willing and able to work. _____

Yes No

(Mo) (Tu) (W) (Th) (F) (Sa) (Su)

3. During the week claimed, did you refuse any job offer or job referral? _____

Yes No

4. During the week claimed, was there any day(s) that you were due or received vacation or holiday pay? __
If yes, fill in the circle(s) for the day(s) that you were due or received vacation or holiday pay. _____

Yes No

(Mo) (Tu) (W) (Th) (F) (Sa) (Su)

5. During the week claimed, was there any day(s) that you were outside of the United States, a Territory of the United States or Canada?
If yes, fill in the circle(s) for the day(s) that you were outside of the United States, a Territory of the United States or Canada.

Yes No

(Mo) (Tu) (W) (Th) (F) (Sa) (Su)

If your address has changed, check box and enter your new address on back ►

MAIL TO:
New York State Department of Labor
PO Box 1979
Albany, NY 12201-1979

I certify that the above statements are true and correct and that I have read and understand the Certification Statement below. I am not claiming benefits for any part of the above week(s) from another state or the federal government. *I understand that the statements above may be used in a hearing involving my claim and that the law provides penalties for false statements.*

SIGNATURE _____ DATE _____ PHONE (____) _____

Important Certification Statement: Please Read

I understand I must be actively seeking work and must develop and keep a record of my work search activities for one year. I have made at least three work search activities per week or followed an official written work-search plan developed and approved by the Department of Labor if one has been developed unless I have been specifically designated as exempt from this work search requirement by the Department of Labor. If I receive a request to submit my work search record to the Department of Labor, and fail to respond to this request, my benefits may be stopped. By placing this claim, I certify that I have complied with these work search requirements in the week claimed. I certify that the statements above are true and correct and may be used in a hearing involving my claim and that I am not claiming benefits during any period while I was outside of the United States, a U.S. Territory or Canada, and I understand that the law provides penalties for false statements. I also understand that if I am found to be not eligible for benefits, I am entitled to a hearing before an Administrative Law Judge at no cost or obligation to me. If I fail to repay benefits that I received or fail to pay penalties assessed because I withheld information or gave false information to the Department of Labor, the Department of Labor may take legal action to file a judgment against me. Once entered, a judgment is good and can be used against me for twenty years, and my money, including a portion of my paycheck and/or bank account, may be taken. Also, a judgment may hurt my credit score and may affect my ability to rent a home, find a job or take out a loan.

Please fill out the form below if your address has changed:

Full Name _____
Address _____
Address _____
City _____ State _____ Zip _____

I certify that the above statements are true and correct and that I have read and understand the Certification Statement below. I am not claiming benefits for any part of the above week(s) from another state or the federal government. *I understand that the statements above may be used in a hearing involving my claim and that the law provides penalties for false statements.*

SIGNATURE _____ DATE _____ PHONE (____) _____

Important Certification Statement: Please Read

I understand I must be actively seeking work and must develop and keep a record of my work search activities for one year. I have made at least three work search activities per week or followed an official written work-search plan developed and approved by the Department of Labor if one has been developed unless I have been specifically designated as exempt from this work search requirement by the Department of Labor. If I receive a request to submit my work search record to the Department of Labor, and fail to respond to this request, my benefits may be stopped. By placing this claim, I certify that I have complied with these work search requirements in the week claimed. I certify that the statements above are true and correct and may be used in a hearing involving my claim and that I am not claiming benefits during any period while I was outside of the United States, a U.S. Territory or Canada, and I understand that the law provides penalties for false statements. I also understand that if I am found to be not eligible for benefits, I am entitled to a hearing before an Administrative Law Judge at no cost or obligation to me. If I fail to repay benefits that I received or fail to pay penalties assessed because I withheld information or gave false information to the Department of Labor, the Department of Labor may take legal action to file a judgment against me. Once entered, a judgment is good and can be used against me for twenty years, and my money, including a portion of my paycheck and/or bank account, may be taken. Also, a judgment may hurt my credit score and may affect my ability to rent a home, find a job or take out a loan.

Please fill out the form below if your address has changed:

Full Name _____
Address _____
Address _____
City _____ State _____ Zip _____