

Employment Development Department
PO Box 2530
Rancho Cordova, CA 95741-2530



Request for Identity Verification

EDD Toll Free Phone Number:
1-866-401-2849

Name and Address of Claimant

SAMPLE CLIENT NAME
1234 SAMPLE ST.
ANY TOWN, CA 99999-9999

Mail Date:

For Office Use Only:

Effective Date:

Identity Verification Required for Unemployment Benefits

An issue about your identity must be resolved. We must verify your identity to protect you from potentially fraudulent activity. While we determine your eligibility, continue to certify for benefits if you continue to be unemployed or are working reduced hours.

If you've never received a payment on this claim, we are unable to process benefit payments until you provide identity verification.

If you have already received at least one payment on this claim, **the new issue must still be resolved.** If we are not able to determine your eligibility within two weeks, we will process conditional payment. You may need to pay back any conditional payments if we later find you ineligible for those benefits.

Verifying Your Identity

We must verify your identity, including your address, date of birth, and that the nine-digit Social Security number (SSN) on your claim is the same one issued to you by the Social Security Administration (SSA). **Failure to comply with this request for identity verification documents or request more time within 10 calendar days from the mail date of this notice may result in a denial of benefits.** The enclosed *Acceptable Documents for Identity Verification* (DE 1326CD) provides detailed examples of the acceptable identity verification documents. Refer to page 2 of this notice for instructions on how to submit your documents.

Please check the appropriate box below:

- I **did** file this claim with the above Effective Date. *(Sign and date this notice at the bottom and return it in the envelope provided with the requested identity verification documents listed on the back of this Notice.)*
- I **did not** file the claim with the above Effective Date. *(Sign and date this notice at the bottom and return it in the envelope provided. The EDD investigates all fraud reports.)*

I understand the law provides penalties if I make false statements or withhold facts to obtain benefits. I declare under penalty of perjury that the information I am providing and the documents I am submitting are true and correct, and belong to me.			
Print Your Name	Signature (Required)	Phone Number	Date

Instructions to Submit Your Identity Verification Documents

Refer to the enclosed *Acceptable Documents for Identity Verification* (DE 1326CD) for detailed examples of the acceptable identity verification documents.

You have two options to submit your verification documents:

- **UI OnlineSM** - Log in to your UI Online account and select Upload Documents on the homepage to provide your identity verification documents. This is the quickest and most secure method to provide documentation.
- **Mail** - If you cannot upload your documents, mail us a copy of the required documents. **Sign** page 1 of this notice and include it with your identity verification documents in the return envelope provided. Do not return any other EDD forms in the envelope.

Important: Include your complete Social Security number on ALL documents mailed.

Request Additional Time

You have the right to request more time to gather documents or obtain the advice of a representative. If you need more time, you **must contact us** by phone or mail at the address/phone number on page 1 **within 10 calendar days** from the mail date of this notice. If we do not receive your required documents by the end of the 10-day time frame, or additional time was not requested, then benefits will be denied.

Common Errors Associated with Identity Verification

- The **date of birth** you provided when you filed your claim is different than the one at the SSA and/or the Department of Motor Vehicles (DMV).
- The **name** you provided when you filed your claim is different than the one at the SSA or the DMV. You may have changed your name and not notified the SSA and/or the DMV.
- The **SSN** you provided when you filed your claim is incorrect. You may have forgotten the number, or transposed the number when you filed your unemployment claim or when you provided it to your employer.

We do not update SSA or DMV information. If your **date of birth** or **name** used at the SSA or the DMV is incorrect based on your review of your SSA statement, driver license or photo identification card, contact SSA or DMV directly to make change(s). Continue to submit any available documents to us to resolve the identity verification issue within 10 calendar days from the date of this notice. Provide copies of updated documents to us as soon as they are available.

Legal References

Section 1253(a) of the California Unemployment Insurance Code (CUIC) states all claims for benefits must be filed in accordance with the EDD regulations. Section 1257(a) of the CUIC states that if an individual gives false information to the EDD in order to obtain benefits, the individual may be subject to a penalty. Title 22, California Code of Regulations, section 1326-2 (b)(2)(A) states the EDD may require a claimant to verify the SSN as being the one issued by the SSA if the information available to the EDD indicates that the SSN may belong to another person or is not a valid number.