

SAMPLE, this page for reference only.

State of California

EMPLOYMENT DEVELOPMENT DEPARTMENT
CENTRALIZED OVERPAYMENT
PO BOX 980105
WEST SACRAMENTO CA 95798-0105
Phone: 1-866-401-2849

Notice of Denial of Benefits and Overpayment

|||||

FIRSTNAME M LASTNAME
1234 SAMPLE ST APT 4321
MY CITY CA 99999-9999

Mail Date: MM/DD/YY

BYB: MM/DD/YY

Case No: 0000000000

Benefits Overpaid: \$ 0000.00
Penalty: 0000.00
Amount Due: \$ 0000.00

You were overpaid Unemployment Insurance for the weeks shown below. The department received a response to the first notice. The facts that we have show you did not have a right to the amount of benefits you were paid. Decisions are based on the California Unemployment Insurance Code (CUIC).

DECISION(S) :

- Benefits are denied or reduced because you worked and/or had earnings in the amounts shown for the weeks below.
Benefits are denied for the weeks shown with "CUIC 1252" next to them. Benefits are reduced for weeks with "CUIC 1279" (CUIC section(s) 1252 and 1279).
- You are denied benefits for ## weeks because you did not report your correct earnings when you certified for benefits for the week(s) shown. This denial begins MM/DD/YY (CUIC section 1257 (a)).

To be paid benefits again, you must:

- File a valid claim.
- Be eligible for benefits.
- Certify for benefits for each week you were denied.

If you do not claim benefits, this denial is removed after 3 years (CUIC section 1260(d)).

Employer: THE COMPANY NAME

Week Ending	---Earnings---		Benefits Paid	Overpaid Amount	CUIC
	Employer Reported	You Reported			
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??

---Earnings---					
Week	Employer	You	Benefits	Overpaid	
<u>Ending</u>	<u>Reported</u>	<u>Reported</u>	<u>Paid</u>	<u>Amount</u>	<u>CUIC</u>
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??
MM/DD/YY	000.00	.00	000.00	000.00	12??

The amount you owe is \$ 0000.00. A 30 percent penalty is included in the amount you owe (CUIC section 1375.1). You may ask for a monthly repayment plan if you are not able to pay the full amount. The amount of overpaid benefits may be taken from future unemployment or disability benefits (CUIC section 1379(d)).

Also, the state may take the amount you owe from federal tax refunds (Title 26, United States Code, section 6402(f)), state tax refunds, unclaimed property, and lottery winnings (California Government Code, section 13419.5). If you do not pay this overpayment, the Department may take legal action. If so, the cost of this action is added to the amount you owe (CUIC section 1379(a)-(c)).

APPEAL:

You have the right to file an appeal if you did not agree with all or part of this decision.

To appeal, you must do all of the following:

- A. Complete the enclosed appeal form (DE 1000A) or write a letter stating that you want to appeal. Explain why you do not agree with the disqualifications. Write your Social Security number on your letter (Title 22, California Code of Regulations, section 5008).
- B. Mail the DE 1000A or your letter to the address of the office listed on the first page of this notice.
- C. File your appeal within thirty (30) days of the mail date of this notice or no later than MM/DD/YY (See back of notice for more information about appeals).

OTHER SERVICES: Visit the EDD website at edd.ca.gov for information about (1) job referrals, (2) disability insurance, (3) other EDD services, (4) services offered by other agencies.