



EDD TOLL-FREE TELEPHONE NUMBERS:  
ENGLISH 1-800-300-5616  
SPANISH 1-800-326-8937  
MANDARIN 1-866-303-0706  
VIETNAMESE 1-800-547-2058  
CANTONESE 1-800-547-3506  
SELF-SERVICE 1-866-333-4606  
TTY (NON VOICE) 1-800-815-9387

MAIL DATE: 00/00/0000

FOR OFFICE USE ONLY: 000000000000

BYB: 00/00/0000

Claimant's Name

Field Office

Claimant's Address

Street Address

City, State, Zip Code

City, State, Zip Code

Field Office Address

**NOTICE OF RIGHT TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS PENDING APPEAL**

Your correspondence postmarked/received 00/00/0000 regarding a recent decision of the Department is acknowledged. The decision has been carefully reviewed and appears to be correct. An appeal has been processed and forwarded to the XXXX Office of Appeals, telephone number 000-000-0000.

Unemployment Insurance (UI) benefit claim forms for the week(s) ending 00/00/0000 are being mailed in a separate envelope. You have the right to receive UI benefits pending your appeal. Even if you do not wish to receive UI benefits, you should continue to certify for benefits for each week of unemployment until you receive the Administrative Law Judge's decision.

If you choose to receive UI benefits pending the appeal hearing, the Department will pay those UI benefits if you are otherwise eligible. If the judge affirms the Department's determination, you may have to repay any UI benefits you receive.

If you choose not to receive UI benefits pending the appeal hearing, and if the judge reverses the Department's determination decision and finds that you are eligible, you will be paid UI benefits only for those weeks for which you have submitted a claim form and met all other eligibility requirements.

The Office of Appeals will send you a notice showing the date, time, and place of your hearing. You should make every effort to attend the hearing since the Judge will base his/her decision on the oral and written evidence at the hearing. During the hearing, you will be allowed to explain the facts and to present evidence in support of your case.

Please indicate your decision below by checking the appropriate box. You must sign, date and return this form.

I desire that the Department pay UI benefits to me during the appeal period. If the decision on the appeal is against me, I understand that I may be liable for repayment of such benefits.

I understand that I have a right to receive UI benefits during the appeal period, but I desire to have my UI benefits held in suspense pending the result of the appeal.

\_\_\_\_\_  
Signature of Claimant

00/00/0000  
Date Signed

WHEN YOU HAVE COMPLETED AND SIGNED THIS FORM, RETURN IT TO OUR OFFICE IMMEDIATELY IN THE ENCLOSED ENVELOPE.

