

EMPLOYMENT DEVELOPMENT DEPARTMENT
PO BOX 2530
RANCHO CORDOVA, CA 95741-2530



REQUEST FOR IDENTITY VERIFICATION

Name and Address of Claimant

Mail Date:
Effective Date:

Claimant's Name
Claimant's Address
City, CA ZIP Code

EDD TOLL FREE PHONE NUMBER:
1-866-401-2849

You are receiving this notice because the Employment Development Department (EDD) is unable to verify your identity based on the information provided when your Unemployment Insurance (UI) claim was filed. Please check the appropriate box below:

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

IMPORTANT: FAILURE TO COMPLY WITH THIS REQUEST WITHIN 10 CALENDAR DAYS FROM THE MAIL DATE OF THIS FORM WILL RESULT IN A DENIAL OF BENEFITS.

The EDD is unable to issue benefit payments until you provide acceptable documents, and the EDD has verified both your identity and that the nine-digit Social Security number (SSN) you provided when you filed the claim is the same one issued to you by the Social Security Administration (SSA).

The two types of identity documents required by the EDD are listed on page two of this notice. **The enclosed *Acceptable Documents for Identity Verification (DE 1326CD)* provides detailed examples of the acceptable identity documents.** If you do not supply the acceptable identity documents or the documents do not allow the EDD to establish your identity, you will not be eligible to receive benefits. If you need additional time to provide the identity documents, follow the instructions on page two of this notice to request more time.

DO NOT send a copy of your Social Security card. The card will NOT satisfy the requirement.

SIGN and return this form **along with** clear and readable identity verification documents in the enclosed envelope **within 10 calendar days** from the mail date of this notice. You must continue to certify for each week that you wish to claim benefits while the identity verification issue is being resolved to prevent delays in processing your claim. Do not return any other EDD forms in the envelope.

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
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REQUIRED IDENTITY DOCUMENTS

IMPORTANT: Include your complete Social Security number on ALL documents submitted.

You must provide a clear and readable copy of **ONE** photo identification which clearly shows your name, date of birth, and photograph (see enclosure for examples of acceptable documents).

AND

You must also provide at least **ONE** clear and readable document from the list below (see enclosure for examples of acceptable documents):

- *Employment data* **OR**
- *Residence address verification* **OR**
- *SSN verification* **OR**
- *Date of birth verification.*

DO NOT send a copy of your Social Security card. The card will **NOT** satisfy the requirement.

Requesting 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 the EDD by phone or mail at the address/phone number on page one **WITHIN 10 CALENDAR DAYS** from the mail date of this form to request the additional time. If the required documents were not received by the EDD at the end of the 10 day time frame, or an extension of the deadline 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 UI claim or when you provided it to your employer.

The EDD does 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). If the ***SSN*** on file with your employer(s) is incorrect based on your review of your pay records, make the correction(s) directly with your employer(s). Continue to submit any available documents to the EDD to resolve the identity verification issue within 10 calendar days from the date of this notice. Provide copies of updated documents to the EDD as soon as they are available.

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 to him or her 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.