

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIM**

Batch # \_\_\_\_\_ Seq \_\_\_\_\_

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. **Please print clearly.** Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified. The last page of this questionnaire is for recording your work history.

Benefit Accuracy Measurement (BAM) audits randomly select paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failure to report, disclose, and/or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or denial of benefits. Your responses are subject to state confidentiality statutes, which must conform to Federal regulations (20 CFR Part 603). State and Federal agencies safeguard the confidentiality of the BAM information by:

- 1) using the information only for purposes of verifying claimant eligibility for UC and identifying general descriptive characteristics about the Unemployment Insurance program;
- 2) permitting access to the information by only authorized persons;
- 3) ensuring that the physical and electronic storage of the information is secure; and
- 4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

<p>1. Name (First, Middle, Last) _____</p> <p>In the past three years, if you were known or earned income by another name, enter it here: _____</p>	<p>11. Ethnic Group - Indicate by selecting one of the following: Not Hispanic or Latino Hispanic or Latino Unknown</p>
<p>2. Social Security Number (last 4 digits) _____</p> <p>In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here: _____</p>	<p>12. US Citizen?      Yes      No</p> <p>If No, Alien Registration # _____</p>
<p>3. Street Address _____ Apt Number _____</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 0    1    2    3    4    5    6    7    8</p> <p>High School -    9    10    11    12</p> <p>Some College      Associate Degree</p> <p>BA/BS              Graduate School</p> <p>Major Field of Study: _____</p>
<p>4. City _____</p> <p>State _____      ZIP code: _____</p>	
<p>5. Mailing Address (if different) _____</p>	<p>14. Have you had vocational or technical school training? Yes      No Type of certificate: _____</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed. _____</p>	<p>15. Are you currently attending school or enrolled in a training program? Yes      No    If "Yes", provide the following: Name, Address, Phone Number of school or training program: _____ _____</p> <p>Were you referred to this Program through a State Employment Service Agency?    Yes      No</p> <p>If you are in training, circle the type of program: vocational or academic Vocational      Academic</p> <p>Do you have or can you obtain evidence that you are making satisfactory progress?    Yes      No</p>
<p>7. Telephone Number (include area code) _____</p>	
<p>8. Date of Birth (MM/DD/YYYY) _____</p>	
<p>9. Gender:      Male      Female</p>	<p>16. In the last 18 months, what has been your usual occupation? Describe your main job duties at your usual work? _____ _____</p>
<p>10. Race - Indicate by selecting one or more of the following: White Black or African-American Asian American Indian or Alaska Native Native Hawaiian or other Pacific Islander Unknown</p>	

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<p>17. What type of work are you looking for?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Months/Years experience in this type of work: _____</p> <p>Are you only seeking part time work?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>20. Do you need any special licenses or certificates to do the type of work you are seeking?            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", did you have the license or certificate needed?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>What kind of license or certificate is it? _____</p> <p>When does it expire? _____</p> <p>_____</p> <p>_____</p>																
<p>18. In the last 18 months, what has been your normal wage for the work you usually do?                  \$ _____ per _____</p> <p>What is the lowest rate of pay you will accept for a job?                  \$ _____ per _____</p>	<p>21. Were you entitled to any Social Security, pension, or retirement fund payments since the effective date of your current claim?</p> <p style="text-align: center;">Yes            No</p> <p style="text-align: center;">If "Yes", give the amount you received:</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Social Security</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Veterans Benefits</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Railroad Retirement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Federal Civil Service Retirement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>U.S. Military Retirement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>State/Local Government Retire.</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Private Employer or Union Pension</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Social Security	\$ _____	Veterans Benefits	\$ _____	Railroad Retirement	\$ _____	Federal Civil Service Retirement	\$ _____	U.S. Military Retirement	\$ _____	State/Local Government Retire.	\$ _____	Private Employer or Union Pension	\$ _____	Other (specify)	\$ _____
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State/Local Government Retire.	\$ _____																
Private Employer or Union Pension	\$ _____																
Other (specify)	\$ _____																
<p>19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?                  Yes    No</p> <p>If "Yes", how was this information given to you? (Check ALL that apply)</p> <p>In-person (individual) interview</p> <p>Group interview</p> <p>Booklet or Pamphlet</p> <p>Internet/telephone/other multimedia</p> <p>Other (specify) _____</p>																	

**Please complete your work history on the following page and sign the form.**

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIM  
EMPLOYMENT HISTORY PAGE 1**

Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back to the date shown. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** \_\_\_\_\_  
MONTH / DAY / YEAR

CURRENT OR MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT	4 <sup>TH</sup> MOST RECENT
Employer Name _____	Employer Name _____	Employer Name _____	Employer Name _____
Address _____	Address _____	Address _____	Address _____
Location of Job Site _____	Location of Job Site _____	Location of Job Site _____	Location of Job Site _____
Telephone Number _____	Telephone Number _____	Telephone Number _____	Telephone Number _____
Check all that apply Type of work Full time Part Time Contract Federal Military	Check all that apply Type of work Full time Part Time Contract Federal Military	Check all that apply Type of work Full time Part Time Contract Federal Military	Check all that apply Type of work Full time Part Time Contract Federal Military
Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____
Your Job Title _____	Your Job Title _____	Your Job Title _____	Your Job Title _____
Your Wages on this Job \$_____ Per _____	Your Wages on this Job \$_____ Per _____	Your Wages on this Job \$_____ Per _____	Your Wages on this Job \$_____ Per _____
What were your main job duties? _____	What were your main job duties? _____	What were your main job duties? _____	What were your main job duties? _____
Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons

I have understood the questions on this questionnaire and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were denied properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

\_\_\_\_\_ Claimant's Signature

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Interviewer's Signature

\_\_\_\_\_ Date Signed

AGENCY USE ONLY → Information obtained by: Mail Fax Phone In-person E-mail

**BENEFITS ACCURACY MEASUREMENT  
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EMPLOYMENT HISTORY PAGE 2**

Please continue to provide the following information about employers for whom you worked. Continue your work history from the prior page and work back to the date shown below. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** \_\_\_\_\_  
MONTH / DAY / YEAR

<b>5<sup>TH</sup> MOST RECENT</b>	<b>6<sup>TH</sup> MOST RECENT</b>	<b>7<sup>RD</sup> MOST RECENT</b>	<b>8<sup>TH</sup> MOST RECENT</b>
Employer Name _____	Employer Name _____	Employer Name _____	Employer Name _____
Address _____	Address _____	Address _____	Address _____
Location of Job Site _____	Location of Job Site _____	Location of Job Site _____	Location of Job Site _____
Telephone Number _____	Telephone Number _____	Telephone Number _____	Telephone Number _____
Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military	Type of work Check all that apply Full time Part Time Contract Federal Military
Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____
Your Job Title _____ Your Wages on this Job \$ _____ Per _____ What were your ain job duties?	Your Job Title _____ Your Wages on this Job \$ _____ Per _____ What were your main job duties?	Your Job Title _____ Your Wages on this Job \$ _____ Per _____ What were your main job duties?	Your Job Title _____ Your Wages on this Job \$ _____ Per _____ What wee your main job duties?
Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons	Reason for Separation Still employed Lack of Work or Layoff Discharge or Fired Quit or Retired Labor Dispute Seasonal Other Compelling Reasons