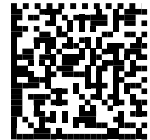




**North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance**



Month DD, YYYY

Employer Name
Address line 1
Address line 2
City, ST 12345-0000

Acct No: #####

Adequacy Penalty Determination

This determination is to notify you that you will not be relieved of charges for the erroneous payments made to the individual(s) listed below.

Under GS 96-11.4, an employer's account may not be relieved of charges relating to benefits paid erroneously if the Division determines that both of the following apply:

1. The erroneous payment was made because the employer or the agent of the employer was at fault for failing to respond timely or adequately to a written request from the Division for information relating to the claim for unemployment compensation. An erroneous payment is one that would not have been made but for the failure of the employer or the employer's agent to respond to the Division's request for information related to that claim.

2. The employer or agent has a pattern of failing to respond timely or adequately to requests from the Division for information relating to claims for unemployment compensation. In determining whether the employer or agent has a pattern of failing to respond timely or adequately, the Division must consider the number of documented instances of that employer's or agent's failures to respond in relation to the total requests made to that employer or agent. An employer or agent may not be determined to have a pattern of failing to respond timely or adequately if the number of failures during the year prior to the request is fewer than two or less than two percent (2%), whichever is greater of the total requests made to that employer or agent.

Erroneous Payments are Detailed Below

<u>Claimant Name</u>	<u>SSN</u>	<u>BYB</u>	<u>Over Payment Amount</u>	<u>Appeal Decision Date</u>
John Doe	xxx xx xxxx	mm/dd/yyyy	\$#####.##	mm/dd/yyyy
Jane Smith	xxx xx xxxx	mm/dd/yyyy	\$#####.##	mm/dd/yyyy

An employer may protest this determination within 15 days from the date of the determination. The protest must be in writing and must include the following:

1. The name of the employing unit
2. The address of the employing unit
3. The DES account number of the employing unit
4. A brief statement of the question involved and reasons for the protest
5. The name, address, and title of the individual making the protest
6. A copy of this Adequacy Penalty Determination

NC CLM 627 AP

Mail or fax protest to:

Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number 919.715.7642

Help us prevent UI Fraud
by responding accurately and timely
to requests for information