

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID 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 your unemployment insurance benefits were properly paid. This information will be verified. The last page of this questionnaire is for recording your work history.

Benefit Accuracy Measurement (BAM) audits randomly selected paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failures to report, disclose, or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or in a 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>10. Race - Indicate by selecting one or more of the following:</p> <p><input type="checkbox"/> [1] White</p> <p><input type="checkbox"/> [2] Black or African-American <b>B 13</b></p> <p><input type="checkbox"/> [3] Asian</p> <p><input type="checkbox"/> [4] American Indian or Alaska Native</p> <p><input type="checkbox"/> [5] Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> [9] Unknown</p>
<p>2. Social Security Number</p> <p>In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here:</p>	<p>11. Ethnic Group - Indicate by selecting one of the following:</p> <p><input type="checkbox"/> [0] Not Hispanic or Latino <b>B 13</b></p> <p><input type="checkbox"/> [1] Hispanic or Latino</p> <p><input type="checkbox"/> [9] Unknown</p>
<p>3. Street Address</p> <p>Apt Number</p>	<p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Alien Registration # _____ <b>B 2</b></p>
<p>4. City, State, ZIP</p>	<p>13. Highest level of education completed (circle one): <b>B 3</b></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>5. Mailing Address (if different)</p>	<p>14. Have you had vocational or technical school training? <b>B 4</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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. Circle the days of the week you usually work.</p> <p>SUN MON TUES WED THURS FRI SAT</p> <p>Do you usually work part time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Telephone Number (include area code)</p>	<p>16. Circle the days of the week you are willing and able to work.</p> <p>SUN MON TUES WED THURS FRI SAT</p> <p>Are you only seeking part time work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Date of Birth (MM/DD/YYYY) <b>B 11</b></p>	<p>17. What hours or shifts do you usually work?</p> <p><input type="checkbox"/> 1<sup>st</sup> shift – Day <input type="checkbox"/> 2<sup>nd</sup> shift – Swing</p> <p><input type="checkbox"/> 3<sup>rd</sup> shift – Night <input type="checkbox"/> Other shift – including rotation</p>
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <b>B 12</b></p>	

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID CLAIM**

18. What hours are you willing and able to work on a job?  
  
FROM \_\_\_\_\_ am TO \_\_\_\_\_ pm OR  
FROM \_\_\_\_\_ am TO \_\_\_\_\_ pm

19. Which shifts are you willing and able to work on a job?  
 1<sup>st</sup> shift – Day       2<sup>nd</sup> shift – Swing  
 3<sup>rd</sup> shift – Night       Other shift – including rotation

20. In the last 18 months, what has been your normal wage for the work you usually do? **B 8**  
 \$ \_\_\_\_\_ per \_\_\_\_\_

21. What is the lowest rate of pay you will accept for a job?  
 \$ \_\_\_\_\_ per \_\_\_\_\_ **B 10**

22. In the last 18 months, what has been your usual occupation? **B 7**  
 \_\_\_\_\_  
 What are your main job duties at your usual work?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Do you expect to be called back to work by any past employer?  
 Yes       No

If "Yes", please answer the following:

Do you have or have you received a recall notice? **D 6**  
 Yes       No

When were you told you would be recalled?  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month      Day      Year

Who notified you? \_\_\_\_\_

When will you report back to work? \_\_\_\_\_

Name, Address and Phone Number of employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK SEARCH**

The next group of questions asks about your efforts to find work. Some of these questions will refer to a specific week, called **"THE WEEK"**. **"THE WEEK"** is the week that began on \_\_\_\_\_ and ended on \_\_\_\_\_. Please keep these dates in mind when answering the questions about **"THE WEEK"**.

24. How many miles are you willing to travel one-way daily to a job?

31. During **"THE WEEK"**, did the State Employment Service refer you to any jobs?  Yes       No

25. How many minutes or hours are you willing to travel one way daily to a job?

32. What were the results of these referrals? \_\_\_\_\_  
 \_\_\_\_\_

26. Do you have a valid driver's license?  
 Yes       No

Have you received any referrals from the State Employment Services since you opened your current claim?  Yes       No

27. By what means do you normally travel to look for work? (Check all that apply)

- Personally owned vehicle       Borrow a vehicle  
 Ride with friends or relatives       Public transportation  
 Other (specify) \_\_\_\_\_

If "Yes", to how many jobs were you referred? \_\_\_\_\_

Do you have transportation to get to and from a job?  Yes       No

33. Have you registered with a private employment agency since you first filed for unemployment benefits on \_\_\_\_\_?  
 Yes       No **G6, G7**

If "Yes", when did you register with the agency? \_\_\_\_\_

28. Would a job have to last a certain period of time before you would accept it?  
 Yes       No

Name, Address, Phone Number of Agency:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If "Yes", explain:

29. What is the type of work you are looking for? **B 9**  
 a. \_\_\_\_\_ b. \_\_\_\_\_

During **"THE WEEK"**, did the Agency refer you to any jobs?  
 Yes       No

What is the length and type of experience you have in these occupations?  
 a. \_\_\_\_\_ b. \_\_\_\_\_

If "Yes", to how many jobs were you referred? \_\_\_\_\_

What were the results of these referrals? \_\_\_\_\_  
 \_\_\_\_\_

30. Have you registered with the State Employment Service to find work since you first filed for unemployment benefits on \_\_\_\_\_?  
 Yes       No

**"THE WEEK"** is the week that began on \_\_\_\_\_ and ended on \_\_\_\_\_.

34. During **THE WEEK**, were you an active member of a union?  Yes  No

If "Yes" complete the following:

**G 8, G 9**

Union Name: \_\_\_\_\_

Local Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your union have a local hiring hall?  Yes  No

Are your dues considered current?  Yes  No

Whom do you contact at the local?

\_\_\_\_\_

Do you get work ONLY through the union?  Yes  No

Will you accept a non-union job?  Yes  No

During **THE WEEK**, were you eligible to be referred to jobs by the union?  Yes  No

If "No", explain: \_\_\_\_\_

\_\_\_\_\_

During **THE WEEK**, were you on the out-of-work list?  Yes  No

If "Yes", when was the last time you signed the list? \_\_\_\_\_

If "No", explain: \_\_\_\_\_

\_\_\_\_\_

During **THE WEEK**, how many jobs were you referred to by the union? \_\_\_\_\_

What were the results of these referrals? \_\_\_\_\_

\_\_\_\_\_

35. During **THE WEEK**, were you attending school or enrolled in a training program?  Yes  No If "Yes", complete the following: Name, Address, Phone Number of school or training program:

**B 5** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the schooling or training related either to the type of work you usually do or the type of work you are seeking?  Yes  No

If you are in training, circle the type of program: vocational or academic

Do you have or can you obtain evidence that you are making satisfactory progress?  Yes  No

36. During **THE WEEK**, did you or a member of your immediate family have any health problem, handicap or disability that limited your ability to do your usual work or to look for work?  Yes  No

If "Yes", explain:

37. During **THE WEEK**, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours?

Yes  No

If "No" go to Question 38.

If "Yes" was there some other person or place available to provide care?  Yes  No

If "Yes" provide the name, address and phone number of the care provider:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38. During **THE WEEK**, was there any day(s) that you were **NOT** available for work?  Yes  No

If "Yes" list the day(s) and reason(s) you were **NOT** available:

39. During **THE WEEK**, was there any reason that you could **NOT** accept full-time work?  Yes  No

If "Yes" explain:

40. During **THE WEEK**, were you an officer of a corporation, union, or other organization?  Yes  No

If "Yes" give name of organization and office held:

\_\_\_\_\_

\_\_\_\_\_

41. During **THE WEEK**, did you need any special licenses or certificates to do the type of work you are seeking?  Yes  No

If "Yes", did you have the license or certificate needed?

Yes  No

What kind of license or certificate is it?

\_\_\_\_\_

When does it expire? \_\_\_\_\_

## 42. WORK SEARCH CONTACTS

Complete the following information for the job contacts you made during **THE WEEK**. If you had more than four job contacts, the interviewer will give you another worksheet. List all job contacts you made during **THE WEEK**, including those with unions, private employment agencies, and the State Employment Service.

“**THE WEEK**” is the week that began on \_\_\_\_\_ and ended on \_\_\_\_\_.

**G 10**

1. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify):
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any other job-development activities you engaged in during <b>THE WEEK</b> (such as networking, resume writing, visiting web sites or employment agencies, job clubs, etc.)		

**"THE WEEK"** is the week that began on \_\_\_\_\_ and ended on \_\_\_\_\_.

43. During **THE WEEK**, did you get any job offers either from the contacts you listed in question 42 or from contacts you made in previous weeks?  Yes  No

If "Yes", did you accept any jobs offered to you?  Yes  No

If "No", why not?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If "Yes", complete the following:

Date you accepted the offer: \_\_\_\_\_

Date you began or will begin work: \_\_\_\_\_

Name, address and phone number of employer:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

45a. Check all of the following sources of income you had during **THE WEEK**, excluding unemployment compensation, and list the amount you received from each source for **THE WEEK**, even if you were paid at some other time.

- None If "None", go to Question 45b
- Wages \$ \_\_\_\_\_
- Earnings from self-employment or contract labor \$ \_\_\_\_\_
- Commission Payments \$ \_\_\_\_\_
- Reserve or National Guard Pay \$ \_\_\_\_\_
- Separation or Severance Pay \$ \_\_\_\_\_
- Holiday Pay \$ \_\_\_\_\_
- Wages in Lieu of Notice \$ \_\_\_\_\_
- Vacation Pay \$ \_\_\_\_\_
- Tips or Gratuities \$ \_\_\_\_\_
- Workers Compensation \$ \_\_\_\_\_
- Disability Payments \$ \_\_\_\_\_  
(Do NOT include Social Security or Veteran's Benefits)
- Other (specify): \$ \_\_\_\_\_

**F 2**

**F 4**

44. During **THE WEEK**, did you do work of any kind?

Yes  No

If "Yes", what type of work did you do?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Days and times worked:

\_\_\_\_\_  
 \_\_\_\_\_

Name, address and phone number of employer:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you still working for this employer?  Yes  No

If "no" provide the reason you are no longer employed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

45b. During **THE WEEK**, were you entitled to any Social Security, pension, or retirement fund payments?

Yes  No

If "No", go to Question 46

If "Yes", give the amount you received:

- Social Security \$ \_\_\_\_\_
- Veterans Benefits \$ \_\_\_\_\_
- Railroad Retirement \$ \_\_\_\_\_
- Federal Civil Service Retirement \$ \_\_\_\_\_
- U.S. Military Retirement \$ \_\_\_\_\_
- State/Local Government Retirement \$ \_\_\_\_\_
- Private Employer or Union Pension \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

**F 6**

**F 8**

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID CLAIM**

46. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?

Yes  No

If "Yes", how was this information given to you?

(Check ALL that apply)

**C 5**

- In-person (individual) interview
- Group interview
- Booklet or Pamphlet
- Internet/telephone/other multimedia
- Other (specify) \_\_\_\_\_

47. Have you had any problems with your unemployment insurance claim?

Yes  No

If "Yes", explain:

48. Do you have any questions to ask about your unemployment insurance claim or about your responsibilities and rights as an unemployment insurance claimant?

Yes  No

If "Yes", explain:

Please complete your work history on the following page.

49. Between the day you filed for unemployment benefits and day that you completed this questionnaire, have you worked for any employers?

Yes  No

If yes, are you still working for this employer?  Yes  No If "No", Why are you no longer working for this employer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 paid 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

**B 1**

**Please complete your work history on the following page(s).**

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID 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

<b>CURRENT OR MOST RECENT</b>	<b>2<sup>ND</sup> MOST RECENT</b>	<b>3<sup>RD</sup> MOST RECENT</b>	<b>4<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 <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> 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 <b>B 6</b>	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 <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID CLAIM  
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

5 <sup>TH</sup> MOST RECENT	6 <sup>TH</sup> MOST RECENT	7 <sup>RD</sup> MOST RECENT	8 <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
Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> 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 <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons



**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID CLAIM**

Please provide detailed information regarding : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 paid 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