



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



Date:

Name Address Address2 City, State, Zip

Batch No.
 Re: SS No. XXX-XX-

Dear ,

Your claim is among those selected at random as part of a Federal Benefit Accuracy Measurement Program. The program is used to determine if unemployment insurance benefit claims are being paid properly in accordance with state law and regulations.

I will need to meet with you to review your claim for benefits.

- Please report to the Employment Security office, , , NC, on , at .m.
- This is to confirm the appointment made by telephone.

When you report, please bring with you:

1. This letter
2. Your Work Search Record (Form 506E)
3. Social Security Card
4. Drivers' License.

IT IS EXTREMELY IMPORTANT THAT YOU KEEP THIS APPOINTMENT. FAILURE TO REPORT AS DIRECTED AND PROVIDE THE NEEDED INFORMATION WOULD AFFECT YOUR ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS.

If you cannot keep this appointment, please immediately contact me at the telephone number shown below or contact the Employment Security office at telephone number and leave a message with .

Quality Control Investigator

Telephone:

Fax:

Help us prevent UI Fraud!
 Report Suspected UI Fraud Online at
des.nc.gov