



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

Date: XX/XX/XXXX

Claimant ID:

Name
Address
Address2
City, State, Zip

PLEASE READ

Notice of Termination of Extended Benefits (EB)

On XXXXXXXX XX, XXXX the United States Department of Labor notified the Division of Employment Security that North Carolina no longer qualifies for participation in the Extended Benefits Program. The last payable week of Extended Benefits is the week ending XXXXXXXXXXXX XX, XXXX.

If you do not exhaust your EB with the week ending XXXXXXXXXXXX XX, XXXX you will not receive the remaining EB entitlement.

If you have questions regarding this matter, please visit our website at www.des.nc.gov, or call us at 1-888-737-0259.

Help us prevent UI Fraud!
Report Suspected UI Fraud Online at
des.nc.gov
Post Office Box 25903 Raleigh, North Carolina 27611-5903