



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



Claimant Name
Claimant Address Line 1
Claimant Address Line 2
Claimant City Claimant State Claimant Zip

Claimant ID: Claimant ID
Re: Form Description
Date Mailed: Mail Date
Due Date: Due Date

Claimant Name:

In an effort to complete the System Alien Verification for Entitlement's (SAVE), additional information is required to determine your entitlement of unemployment insurance benefits.

Please provide legible copies of the front and back of your current and previous work authorization card/permanent resident card and Social Security card.

This documentation must be provided no later than Due Date.

Failure to comply within the designated time period could adversely affect your unemployment insurance benefits.

Please upload this letter along with supporting documents to your Claimant Self Service Portal at des.nc.gov Or Mail or fax to:

Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number (919) XXX-XXXX

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