



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO
DIRECTOR

Statement of Identity Theft

Name: _____ Claim #/Date: _____

SSN: _____

- I did not file or attempt to reopen a claim for unemployment benefits with the information above.
- I did not certify for unemployment benefits on the claim listed above.
- I did not receive any funds from the payment of unemployment benefits on the claim listed above.
- I would like this claim filed in my name to be withdrawn.

Contact Information: Address: _____

Telephone Number: _____

Email Address: _____

Certification: I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to obtain benefits, I may be required to repay benefits, charged penalties and could be subject to criminal prosecution.

Signature

Date

Telephone Number

Print Name

You can return this form in person at your local Unemployment Insurance Agency (UIA) Office. To find the nearest UIA Local Office, go to www.michigan.gov/uia under *UIA Quick Links*. You can also return this form by mail to the Unemployment Insurance Agency, P.O. Box 169, Grand Rapids, MI 49501-0169 or fax to 1-517-636-0427.

For Internal Use Only:

UIA Personnel Print Name

Signature

Date

MiDAS Username

Name of Local Office

