



GRETCHEN WHITMER
GOVERNOR

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

SUSAN R. CORBIN
ACTING DIRECTOR

Affidavit of Identity Theft

Name: _____ Case #/Letter ID.: _____

Last Four Digits of 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- I would like this claim filed in my name to be withdrawn.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: _____ Printed Name _____

Acknowledged before me in _____ County, Michigan, on _____, _____ 20_____,
County Month Day Year

by _____.

Notary Public Signature

Stamp Here

Notary's County Name _____

Acting in the County of _____

My Commission expires: _____

You can return this form in person at your Unemployment Insurance Agency (UIA) Local 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

