



GRETCHEN WHITMER  
GOVERNOR

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

SUSAN R. CORBIN  
ACTING 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- I would like this claim filed in my name to be withdrawn.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](http://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

