



REQUEST FOR REDETERMINATION OF DEPENDENCY ALLOWANCE

**USE BLACK OR BLUE INK
DO NOT USE PENCIL**

NAME: _____
Print Last name First name MI

Social Security Number: _____

The Michigan Employment Security Act provides for establishing your Weekly Benefit Rate based on 4.1 percent of your highest quarter base period wages, plus \$6.00 for each dependent, up to a maximum of five dependents. Even if dependents are allowed, your Weekly Benefit Amount (WBA) cannot exceed \$362.00. Only one person may claim or receive a dependency allowance for the same individual.

A correction made to your dependency allowance based on this request is effective with the beginning of your benefit year, and remains in effect until the benefit year expires. A dependent is not added or removed during a benefit year, even in cases of a birth, death, age change, marriage or divorce. However, if good cause is established for failure to claim a dependent at the time of filing a new claim, a dependency allowance will be corrected effective with the beginning of the benefit year. The maximum number of dependents you may claim is five. You may have to provide proof of dependents, such as birth certificates. Penalties apply for false statements about dependents.

To claim the following person(s) as a dependent, you must have provided more than half the cost of his or her support for at least 90 consecutive days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the dependency. Only one person may claim a dependency allowance for the same individual as a dependent.

Persons You May Claim As A Dependent Considered By Age And Relationship

AGE	RELATIONSHIP
Any age	Your husband or wife
Under age 18	Your child, grandchild, adopted child, stepchild, orphaned brother or sister
Over age 18, or under 22 if a full-time student	Your child, grandchild, adopted child, stepchild, orphaned brother or sister
Over age 18, if physically or mentally infirmed and unable to work	Your child, grandchild, adopted child, stepchild, orphaned brother or sister mother or father
Over age 65	Your mother or father

I wish to protest the number of Dependents Claimed on the Monetary Determination mailed on _____ (date)

I did not claim the correct number of dependents when I filed my claim because:

For the reason(s) stated above, I wish to claim a total of dependents, not including myself, on my current Benefit Year. I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I understand that I must keep my contact information up-to-date. **I understand that the law provides penalties of fines, and/or imprisonment, and/or community service for false statements to secure benefits.**

Signature: _____ Date: _____ Telephone No.: _____

Mail completed form to: Unemployment Insurance Agency, P O Box 169, Grand Rapids, Michigan 49501-0169
or, fax to: 1-517-636-0427.

If you have any questions about this form, call our Inquiry Line at 1-866-500-0017 (TTY customers use 1-866-366-0004).