



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT
TALENT INVESTMENT AGENCY
UNEMPLOYMENT INSURANCE

ROGER CURTIS
DIRECTOR
WANDA M. STOKES
DIRECTOR

Notice of Inquiry for Benefits of a Deceased or Mentally Incompetent Claimant

The Decedent Mentally Incompetent Individual _____
First Name, Middle Initial, Last Name

has died been declared mentally incompetent on _____
Date of Death or Declaration of Mental Incompetence

I, _____, would like to receive payment for eligible weeks of
Print your full name
unemployment benefits on his/her behalf.

Please provide the Social Security Number of the deceased or mentally incompetent individual:

I am the decedent's:

- Spouse
- Adult Child
- Legal Guardian
- Devisee under the Will dated _____
- Power of Attorney/Fiduciary or Representative of _____
- Other _____
Please specify

You must return this completed form along with a copy of the Death Certificate or Power of Attorney and your court-ordered documentation showing that you are legally entitled to act on behalf of the above named claimant. You may submit the form and documentation by mail, by fax or visit a Problem Resolution Office. If you have any questions you can call, 1-866-500-0017 to speak with a customer service representative, Monday-Friday, 8:00 a.m. until 4:30p.m. Eastern Time. (TTY customers use 1-866-366-0004)

Check the box(es) for each document you are providing to Unemployment Insurance:

Declaration of Incompetency Marriage License Birth Certificate Death Certificate

Other _____ Durable Power of Attorney

I certify that the information that I have provided is true and correct to the best of my knowledge and belief. I understand that there are penalties of fines and/or imprisonment and/or community service for false or incomplete statements in accordance with Sections 54 and 62(b) of the Michigan Employment Security Act.

The request is made by: _____ Date: _____

Address: _____
City State Zip Code

Signature _____ Date _____

Telephone Number _____



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