



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT
UNEMPLOYMENT INSURANCE

STEPHANIE BECKHORN
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- I would like this claim filed in my name to be withdrawn.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 by mail to Unemployment Insurance, P.O. Box 169, Grand Rapids, MI 49501-0169 or fax to 1-517-636-0427. You can also return this form in person at your local Unemployment Insurance (UI) Office . To find the nearest UI Office, go to www.michigan.gov/ui under *UIA Quick Links*.

For Internal Use Only:

UI Personnel Print Name

Signature

Date

MiDAS Username

Name of PRO

