



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT  
UNEMPLOYMENT INSURANCE

STEPHANIE BECKHORN  
ACTING DIRECTOR

### Employer Report of Identity Theft

Employer Name: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Letter ID: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Last Four Digits of SSN

- The above named Employer believes the identified claim was fraudulently filed because the individual who filed the claim is an impostor.
- The Employer's belief is based on its review of the facts and evidence.
- The Employer is not making this report frivolously and the information contained in this report is complete and accurate to the best of the employer's knowledge.

The name and last known address for the affected individual according to the Employer's records is:

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

You can return this form through your MiWAM account, online at [www.michigan.gov/uia](http://www.michigan.gov/uia) under Report ID Theft, by mail to Unemployment Insurance, P.O. Box 169, Grand Rapids, MI 49501-0169 or fax to 1-517-636-0427.

If the affected individual is still employed and an affidavit or statement of identity theft was provided by the individual to the above named Employer, attach the affidavit or statement with this report.

This report was completed by:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Direct Contact Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

(if different than above)

**For Internal Use Only:**

\_\_\_\_\_  
UI Personnel Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Claimant affidavit or statement was received with this report.

