

North Carolina House Unemployment Fraud Task Force



Dempsey E. Benton
Assistant Secretary

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North Carolina Department of Commerce
Division of Employment Security

Benefit Integrity and Database Crossmatching

BENEFIT YEAR EARNINGS (BYE)

- ◆ **BYE – Working and failing to accurately report earnings and/or totally employed but continuing to file for benefits**
 - ◆ Individuals **ARE ALLOWED** to work while receiving unemployment insurance benefits (part-time employment)
- ◆ **Earnings Allowance-** Wages an individual is allowed to earn weekly without reduction of unemployment insurance benefits (Gen. Statute 96-12(c))

Detection

◆ Social Security Verification

- ◆ All initial claims for benefits are verified through the Social Security Administration's database

◆ Reporting

- ◆ Death
- ◆ Multiple Claimants at same address
- ◆ Multiple Claimants with same banking address
- ◆ Liable Agent Data Transfer (LADT)
 - ◆ Claims in multiple states
 - ◆ Overpayments with active claim in another state

Records Access

- ◆ Department of Motor Vehicles

- ◆ Administrative Office of the Courts

 - ◆ Department of Correction Records

Crossmatch

- ◆ National New Hire Database
 - ◆ New Hires – Weekly
- ◆ National New Hire Database
 - ◆ Wages – Quarterly
- ◆ Quarterly Tax and Wage Reports
- ◆ Pursuing Jail System Records

Claimant Notification

- Notifies Claimant that they have been reported by the NDNH.

- Explains that employer is being contacted for wage information.

- Stop filing weekly certification

EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA
Customer Service Group
P.O. Box 27957
Raleigh, North Carolina 27611
888-737-0259 FAX (919) 733-1859

NEW HIRE/RECALL CONFIRMATION

Date Mailed: _____
SSN: _____
Claim Effective Date: _____
Local Office: _____

The National Directory of New Hires has advised this agency that you began employment with _____ on 03/06/2012. You are advised on your successful efforts to locate employment. However, our records also indicate that you have continued filing your weekly certification beyond 03/06/2012. This employer is currently being contacted and asked to provide this agency with information regarding your gross weekly earnings. If you have not already done so, you should immediately discontinue filing your weekly certification without reporting your gross weekly earnings. Also, your agreement with regard to this information is necessary. Your response to the questions below is required.

1. DID YOU RE-EMPLOY WITH _____?
☒ YES (If YES, on what date did you report to work? _____
Then continue to answer questions 2 and 3.)
☐ NO (If NO, do not answer questions 2 and 3. Skip to the Any Other Comments section below and explain why the employer information is incorrect.)

2. DID YOU FAIL TO REPORT YOUR GROSS WEEKLY EARNINGS FOR WORK PERFORMED IN YOUR WEEKLY CERTIFICATION TELEPHONE CERTIFICATIONS? IF YES, WITH HOW MANY? _____ (If more space needed, use separate sheet of paper.)

3. ARE YOU STILL EMPLOYED WITH _____?
☐ YES
☒ NO (If NO: What date did you last work? _____)

YOU ARE REQUIRED TO RESPOND WITHIN SEVEN (7) DAYS OF THE MAILING DATE OF THIS LETTER. FAILURE TO RESPOND AS DIRECTED MAY RESULT IN A DISQUALIFICATION FOR BENEFITS AND AN OVERPAYMENT, WHICH YOU WOULD BE REQUIRED TO REPAY.

Any Other Comments You Wish To Make: _____

Signature: _____ Date: _____ Telephone: _____

Mail or fax response to: NC Employment Security Commission
Customer Service Group
Post Office Box 27957
Raleigh, NC 27611
Phone: (919) 733-1859

If you have questions about this form, contact the Customer Service Group by phone or email:
Telephone: 888-737-0259 Email: ESCL1.CustomerService@ncese.gov

888-737-0259

Weekly Gross Earning Request

Rarity NCI.1 528 NH

Notice to Employer

• Notification to employers requesting wage information

• Notice that employee has filed for unemployment benefits

EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA

Benefit: Payment Control
Post Office 25803
Raleigh, North Carolina 27611
(919) 737-1335 FAX (919) 732-1269

NEW HIRE

Date Mailed: 04/12/2012
Name:
SSN:

As part of our continuing effort to ensure the integrity of the Unemployment Insurance program as a job of the citizens of North Carolina, we are requesting that you provide the following information to the Employment Security Commission of North Carolina. This information is required for the verification of your unemployment benefits for the month of March 2012.

PLEASE NOTE: This is not a statement of charges. Your prompt reply may result in credits which could eliminate charges to your account.

Employer Instructions

PLEASE CAREFULLY READ THE FOLLOWING INSTRUCTIONS BEFORE ATTEMPTING TO COMPLETE THIS FORM

Please report GROSS wages, although not all of the period may be 60 days from the seven-day-alienation week as requested on this form. Please complete this form for six weeks specifying your daily wage record, if possible. The claim week is the new week Sunday through Saturday and includes the "Week Ending Date". The claim week is the new week Sunday through Saturday. Please write numbers as clearly as possible.

Please follow these steps to complete the second page of this form:

Item 1 Enter the last date of employment (not necessarily the filing date)
Item 2 Enter the last date actually worked (if applicable)
Item 3 Enter the starting rate of pay and fill in this box associated with the pay rate.
Item 4 Fill in the boxes for the corresponding work status.
Item 5 Fill in appropriate box for availability of or paid time and pay records.
Item 6 Fill in box for the pay period used and enter the pay period ending date(s).
Item 7 Fill in boxes that apply for the individual's standard work week.
Item 8 Fill in the total hours worked by the individual for the week specified.
Item 9 Fill in the rate the individual was paid for the specified week.
Item 10 Enter the amount of gross wages earned for work performed in each specified week.
Item 11 Enter the amount of any "Other Pay" earned by the individual for the specified week.
Item 12 Enter in the "Type of Other Pay" section the appropriate number from the section below.

1 - Holiday Pay 2 - Vacation Pay 3 - Bonus Pay 4 - Sick Pay/Disability
5 - Pension 6 - Back Pay 7 - Severance Pay 8 - Other

Example: Actual gross wages were \$300.55 and the claimant was given a \$100.00 bonus.

| For Use by Clerk | Week Ending Date Saturday | 8. Total Hours Worked | 9. Rate Paid | 10. Gross Wages | 11. Other Pay | 12. Type of Other Pay |
|------------------|---------------------------|-----------------------|--------------|-----------------|---------------|-----------------------|
| 1 | 02-25-2008 | 40 | 940.42008 | 390.55 | 100.00 | 3 |

Item 12 Sign and date the bottom of the audit form. All entries must be validated by your name, signature and title, the current date and your telephone number. Please provide your email address, if applicable.

Note: This form can be accessed and submitted through our website, WWW.NC.EDUCOM, from the website home page, clicking "Business Services" and then logging your account number and PIN. Click on the Request for Wage Audit Notice link to respond.

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