

Sample Communication to Claimants when Recovery of Overpayment is Waived

This Attachment includes a sample communication that states may use when approving the waiver of recovery for an overpayment. This can be used both when processing individual waiver requests in accordance with Section 4.c.i. of this UIPL and blanket waivers in accordance with Section 4.c.ii. of this UIPL. It is written with the assumption that a state has previously sent a determination establishing the overpayment. Option #1 under Section 4.c.iii.A. of this UIPL provides instructions for states who wish to provide a combined notice that both establishes the overpayment and waives recovery.

States that choose to create their own notification should consider the following:

- We recommend including reference to the applicable determination that established the overpayment and the date such determination was mailed on the notice. If the state uses a case number or letter IDs for the underlying eligibility and qualification determinations, the state can also use that information to connect the overpayment determinations to this notice.
- We recommend that the state include clear language that the waiver of recovery for the overpayment does not change the underlying ineligibility of benefits.
- As described in Section 4.c.iii.A. of this UIPL, when approving a waiver of recovery, the state must provide instructions on how to request a reconsideration of the approved waiver if the individual does not wish to have recovery of the overpayment waived.
- In addition to providing instructions on how an individual may ask specific questions related to their claim, the state may consider providing for a pre-recorded message or a statement on its website to refer individuals for general information about the waiver.
- States may also refer to the plain language guidelines provided at <https://www.plainlanguage.gov/guidelines/>.

Sample Letter when Claimant Already Received Determination Establishing Overpayment

[Claimant contact information]

[Applicable CARES Act programs]

Overpayment Amount: [\$XX]

Recovered Amount: [\$XX]

Current Balance: [\$XX]

Recovery Waived for this Amount: [\$XX – should equal Overpayment Amount]

Total Due: \$0

Refund Due: [\$XX – should equal Recovered Amount]

Notice that You Do NOT Need to Repay Benefits Received

[State's greeting CLAIMANT'S NAME:]

We, [Agency name], are writing to let you know that you **DO NOT** owe the overpayment related to the determination(s) issued on [date of determination(s) finding ineligibility/disqualification]. During the pandemic, we sent you payments in error. But you are not responsible for this error and do not need to return any money. You do not need to do anything. Please keep this Notice for your records.

What Happened?

We, [Agency name], determined that you were not entitled to [a portion of/all] the benefits you received for week(s) ending [list weeks]. You received payments before knowing you were not entitled to those benefits. This decision created a debt (called an overpayment) of [\$XX] on your [enter CARES Act program here] claim.

But you are not required to repay this overpayment. You were without fault in creating this overpayment and the agency has determined that recovery would be contrary to equity and good conscience. Therefore, the Agency is waiving recovery of this overpayment. This waiver means you are not required to pay back the overpayment related to this determination.

What's Next?

[Consider this paragraph when no collection activity has occurred]

There is nothing more for you to do to get this waiver. Please keep this Notice for your records. We are working to update your overpayment status on your unemployment insurance claim records to reflect that there is no need to repay benefits received. If needed, you may give a copy of this Notice to others such as debt collectors, credit bureaus or other legal entities to let them know that we are waiving recovery of your overpayment.

[Consider this paragraph when collection activity has occurred and state will process a refund]

There is nothing more for you to do to get this waiver. You do not need to send any additional payments related to this overpayment caused by determination. You will receive a [\$XX] refund [enter repayment type] for the money you have already paid back towards this overpayment. [If the state will issue refunds via direct deposit, consider including a reminder to have the individual log into their account to confirm their banking information. Alternatively, the state may wish to remind the individual to confirm their mailing address].

Additional Questions?

If you do not want a waiver of the overpayment, please contact your state agency by [deadline] by [insert contact instructions].

This Notice only applies to the overpayment issued on [date of determination(s) finding ineligibility/disqualification] for the week(s) ending [list weeks] and does not apply to any other overpayment.

For more details on waiving recovery of an overpayment, please check the Agency website at [agency website], or call [agency number]. You may also look up the state's policy allowing this waiver at [agency website].

If you have additional questions about this notice, please contact: [Address, telephone, website, etc.]

If you believe this notice has been issued due to fraud or you have been a victim of identity theft, please contact [agency website, telephone].