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|  | **NEW HAMPSHIRE EMPLOYMENT SECURITY NOTICE OF POTENTIAL OVERPAYMENT** |
| JFS-84400 |  |

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| Claimant's Name Social Security Number \*\*\*- \*\*-XXXXDate Issued:XX/XX/XXXXReturn to:BENEFIT PAYMENT CONTROL 45 SOUTH FRUIT STREET Concord NH 03301 Phone: (603) 228-4071 Fax: (603) 229-4390 |

The administrative review of your claim is nearing completion. The preliminary findings indicate there are issues with your claim that may affect past and future benefits. A summary of the information obtained during the review is provided on the following page(s).

You have an opportunity to discuss the records and documents obtained during the administrative review of your claim.

If you wish to discuss our findings or provide any additional information, **PLEASE CALL ME AT (800) 852-3400 EXT. XXXXX.**

If you do not respond by XX/XX/XXXX, noon, I will presume you do not wish to discuss our findings and the Department will move forward based upon available information.

Sincerely,

Si usted no puede leer esto, llame por favor a 1-800-266-2252 para una traduccion.

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|  | **NEW HAMPSHIRE EMPLOYMENT SECURITY SUMMARY OF OVERPAID WEEKS** |
| JFS-84400 |  |

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| Claimant's Name: |  | Social Security #: | \*\*\*-\*\*-XXXX |
| Claimant's Address: |  | Summary by: |  |

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| **Type of Claim** | **Claim Week Ending Date** | **Benefits Paid** | **Earnings Reported by you** | **Total Earnings Reported by Employer(s)** | **Total Hours Worked for Employer(s)** | Employer Name | Dates Wages Paid | Gross Earnings Reported by Employer | Hours Worked for Employer |
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| **Type of Claim** | **Claim Week Ending Date** | **Benefits Paid** | **Earnings Reported by you** | **Total Earnings Reported by Employer(s)** | **Total Hours Worked for Employer(s)** | Employer Name | Dates Wages Paid | Gross Earnings Reported by Employer | Hours Worked for Employer |
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