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|  | **NEW HAMPSHIRE EMPLOYMENT SECURITY  CLAIMANT AUDIT LETTER** |
| JFS-84400 |  |

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| Claimant's Name Social Security Number  \*\*\*-\*\*-XXXX  Date Issued:  XX/XX/XXXX  **Return to:**  **BENEFIT PAYMENT CONTROL**  **45 SOUTH FRUIT STREET**  **CONCORD NH 03301-4857**  **Fax: (603) 229-4390** |

As part of a continuing effort to ensure the integrity of the New Hampshire Unemployment Insurance Program, an administrative review of your claim has been initiated and we are in the process of collecting and verifying information. If it is found that you may have received benefits to which you were not entitled, it may result in you being determined overpaid.

When the administrative review is completed, you will be contacted again and given an opportunity to discuss the records and documents that were received.

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

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

Sincerely,

Benefit Payment Control Investigator

Phone: (603) 228-4020 Fax: (603) 229-4390

\*000072010100\*

Email:

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

**DSN: 000197 THIS SPACE FOR OFFICIAL USE ONLY PSN: 000197**

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