



New Hampshire Employment Security  
Wages & Special Programs Unit  
PO Box 2009, Concord, NH 03302-2009  
Fax (603) 223-6137



**Request for Withdrawal of NH Unemployment Claim**

The process to withdraw your NH Unemployment Insurance claim requires that you complete and return this form by mail, fax or in person to the Wages and Special Programs Unit.

**Please refer to instructions for assistance in filling out this form.**

**Section I**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Withdrawal (check one):

- Severance pay, vacation pay, or any monies that you may have received (other than wages) from your last employer. (Skip Section II)
- Other (Please specify) \_\_\_\_\_ (Skip Section II)
- Want to file in another State/Combined Wage Claim (Please Complete Section II)

**Section II (For Combined Wage Claims)**

1) I would like to file my claim in the state of: \_\_\_\_\_

**If this form is not returned WITHIN SEVEN (7) DAYS of receiving your options, a New Hampshire Combined Wage Claim will be processed.**

2)  I have not received any unemployment insurance benefits as a result of my New Hampshire combined-wage claim.

**OR**

I have received unemployment insurance benefits from my New Hampshire combined-wage claim.

a)  I am immediately repaying the State of New Hampshire (attach check or money order - specify who to make check out to ) in the amount of: \$ \_\_\_\_\_

b)  I agree to have the other State recover the amount of the Overpayment.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Granted per UCB Policy   
Not Granted

**NOTES**

Staff Initials \_\_\_\_\_

Program to be withdrawn (check one): [ ] UI [ ] CWC [ ] TRA [ ] DUA [ ] UCFE [ ] UCX

Benefit Year of claim to be withdrawn: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Instructions for Request for Withdrawal of NH Unemployment Claim**

**Section I.** Fill in the contact information. Include your **first name**, **last name**, **social security number (SSN)**, **mailing address**, **city**, **state** and **zip code**.

2) Check the Reason for Withdrawal box to identify why you are withdrawing your unemployment claim.

**Example:**

- Severance pay, vacation pay, or any monies that you may have received (other than wages) from your last employer. (Skip Section II)
- Other (Please specify): \_\_\_\_\_ (Skip Section II)
- Want to file in another State/Combined Wage Claim (Please Complete Section II)

**Help:** If you received wages in more than one state you are eligible to file against a state different than NH. Checking the last box indicates your desire to claim benefits against a state other than NH.

**Example:** Going forward, you want to file your unemployment claim in Maine. Enter Maine in the space provided. This means that you will no longer be filing your weekly claims in New Hampshire and the wages you received in other states will be counted as part of your claim in Maine.

**Section II.** Skip this section if you are not filing a combined wage claim in another state.

If you are filing a combined wage claim in another state, you must complete **Section II** of this form.

- First, you need to write or print the state in which you wish to file your unemployment claim in the space provided.
- Second, you must choose whether you have or have not received benefits for having a combined wage claim filed in New Hampshire
- If you have received benefits, you must select whether you are choosing to repay New Hampshire for the overpayment of benefits you have received as part of a combined wage claim in this state or whether you are choosing to have the new claim state collect payment to give to New Hampshire for an overpayment of benefits.

**Example:**

- 1) I would like to file my claim in the state of: Maine
- 2)  I have not received any unemployment insurance benefits as a result of my New Hampshire combined-wage claim.

**OR**

- I have received unemployment insurance benefits from my New Hampshire combined-wage claim.
- a)  I am immediately repaying the State of New Hampshire (attach check or money order - Payable to "NHUCB Account") in the amount of: \$ 1,500.00
  - b)  I agree to have the other State recover the amount of the Overpayment.

Sign and date the form in the fields provided. The form must be received by mail, fax, or in person within seven (7) days of your discussion with the NHES Wage Unit at the address on the top of the form.

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