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|  | **NEW HAMPSHIRE EMPLOYMENT SECURITY  NOTICE OF POTENTIAL OVERPAYMENT** |
| 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  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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