

IMPORTANT!

We sent you a Monetary Benefit Determinations showing the weekly benefits you will receive. Those benefits are based on your wages. If you believe some of your wages were missed, please complete this form. This form must be received by us within 10 calendar days of the Date Mailed as stated on your most recent Monetary Benefit Determination notice. **Please print clearly. If we cannot read your writing, we cannot process this form.**

Unemployment Insurance Request for Alternate Base Period

Please print clearly

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Claim Effective/Start Date: ____/____/____ Social Security #: XXX - XX - ____

Form requirements



If you wish to use the Alternate Base Period to increase your weekly benefit rate:

- Complete the steps below using black or blue ink.
- Include any documentation that could be considered proof of employment and wages such as pay stubs, W-2s, 1099s, vouchers, checks, tips, bonuses, meals, lodging, commissions, vacation pay and records of employment and/or payment.
- Photocopy all supporting documentation onto 8½ x 11 single-sided paper. Do not send originals.
- Write your name, the last four digits of you Social Security number and your phone number on each attachment.
- This completed form and all attachments must be received by the Response Due Date noted above. Please print clearly. If you do not, we cannot process this form.



If the wages in your last completed calendar quarter exceed the "High Quarter Wages" on your Monetary Benefit Determination, use of the Alternate Base Period may increase your benefit rate. If you choose the Alternate Base Period to establish a claim, you will not be able to use these wages for a future claim.

**Step 1
Last Calendar
Quarter
Information**

The last completed calendar quarter prior to your claim effective/start date is: ____/____/____ through ____/____/____
Month/Day/Year Month/Day/Year

Refer to your Monetary Benefit Determination for calendar quarter dates and compare the Alternate Base Period Quarter wages with your records, then check the appropriate box below and proceed to the "Step" indicated.

- The Alternate Base Period Quarter Wages are incorrect or missing. (Proceed to Step 2)
 The Alternate Base Period Quarter Wages are correct. (Proceed to Step 3)

**Step 2
Wage
Information**

Complete the information below, include proof of wages and attach an additional page if you have information for more than (3) three employers.

Employer Name: _____ Quarterly Gross Wages \$ _____

Employer Address: _____

City: _____ State: _____ Zip: _____ If work was performed outside New York State, indicate state _____

Employer Name: _____ Quarterly Gross Wages \$ _____

Employer Address: _____

City: _____ State: _____ Zip: _____ If work was performed outside New York State, indicate state _____

Employer Name: _____ Quarterly Gross Wages \$ _____

Employer Address: _____

City: _____ State: _____ Zip: _____ If work was performed outside New York State, indicate state _____

**Step 3
Acknowledgement**

I certify that the above information is true to the best of my knowledge and I am aware that there are penalties for making false statements. I understand if I use the Alternate Base Period, these wages cannot be used for a future claim.

Signature Required Date Area Code Telephone Number

**Step 4
Return
Instructions**

This notice and all attachments must be received within the time frame noted above in the IMPORTANT! message.



FAX: (518) 457-9378
 This notice is your cover page.
 Indicate total # of pages _____

OR



MAIL: New York State Department of Labor
 PO Box 15130
 Albany, New York 12212-5130



Claim weekly benefits at www.labor.ny.gov
 or call Tel-Service at (888) 581-5812.



For more information visit:
www.labor.ny.gov



For help, see the claimant handbook at
www.labor.ny.gov/uihandbook.