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<<[data.getMailDate()]>>

<<[data.getFirstName()]>> <<[data.getLastName()]>>/ ESTATE

<<[data.getAddressLine1()]>><<[data.getAddressLine2()]>>

<<[data.getCity()]>>, <<[data.getState()]>> <<[data.getZip()]>>

Application ID: <<[data.getApplicationId()]>>

This is an attempt to verify information. Please complete this form in detail and submit within 7 days of the date of this notice. A determination will be issued after that date. Failure to answer any questions will result in a determination being made based on the available facts. Additional information may be attached to this document. Please respond to:

Arkansas Division of Workforce Services

ATTN: Internal Audit Fraud Investigation Unit – <<[data.getInvestigatorInitials()]>>

PO Box 2981

Little Rock, AR 72203

**The Division of Workforce Services has obtained information from the Arkansas Department of Health – Vital Records that the individual listed above was deceased on <<[data.getDeathDate()]>>. However, subsequent unemployment benefits were claimed for that individual for the following week(s):**

**Week(s) Ending Date Benefits Were Claimed**

<<foreach [wd in data.getWeekData()]>>

<<[wd.getEndingWeek ()]>> <<[wd.getAttestation()]>><</foreach>>

**If the above-named individual was deceased on this date, please confirm by certifying below.**

\*Confirmation: The individual listed above was deceased on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I certify, to the best of my knowledge, the information above is accurate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**If the above-named individual is not deceased, please provide a good contact number for follow-up.**

\*Dispute: The individual is not deceased. A good contact number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I certify, to the best of my knowledge, the information above is accurate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

If you have any questions, please contact the Fraud Hotline at 501-682-1058 or email [ADWS.InternalAudit@arkansas.gov](mailto:ADWS.InternalAudit@arkansas.gov).