

**ALASKA DEPARTMENT OF LABOR
AND WORKFORCE DEVELOPMENT**
Benefit Payment Control
Audit and Recovery Section
P.O. Box 115505
Juneau, AK 99811-5505

Email: jnu.bpc@alaska.gov
Local area: (907) 465-2863
Fax: (907) 465-6010
Outside area: (888) 810-6789
Relay Alaska (in state): (800) 770-8973/711
Relay Alaska (out of state): (800) 770-8255

NAME: _____

Phone number: _____

SSN, last four of SSN or Claimant ID: _____

OVERPAYMENT WAIVER APPLICATION – MAIL OUT

A Waiver of Liability for overpayment of benefits under certain circumstances may be granted. Should this application be approved, the overpayment will be reversed; however, your maximum entitlement for the related claim or claims will be reduced by amounts equal to this overpayment. Failure to supply the required information requested, may result in the denial of your application for waiver. In accordance with Alaska Statute 23.20.390 and Alaska's 8 Administrative Code 85.220, this application cannot be considered if the overpayment is the result of fraud or misrepresentation.

1. Name and address of current employer:

2. Name and address of spouse's employer:

3. Name and address of additional employer(s):

Please provide a continuous 30-day period that your income would cause your household to fail to maintain minimal necessities of food, medical care and shelter.

30-day start date: _____ **30-day ending:** _____

You'll need to include any receipts of hospital stays, mortgage or rent payments and heating bills during this 30-day window.

YOUR ASSETS		YOUR SPOUSE'S ASSETS	
	\$ Amounts		\$ Amounts
Bank accounts and convertible assets		Bank accounts and convertible assets	
Checking Account(s)		Checking Account(s)	
Savings account(s)		Savings account(s)	
Cash		Cash	
Accessible Stocks, Bonds		Accessible Stocks, Bonds	
Accessible Retirement account(s)		Accessible Retirement account(s)	
Assistance Benefits (UI, Public Assistance, etc.)		Assistance Benefits (UI, Public Assistance, etc.)	
Dividends		Dividends	
Insurance Disability		Insurance Disability	
Social Security		Social Security	
Other: <input type="checkbox"/> Explain:		Other: <input type="checkbox"/> Explain:	
Subtotal		Subtotal	
		Grand Monthly Total:	

BASIC MONTHLY EXPENSES:	\$ Amounts	OTHER MONTHLY EXPENSES	\$ Amounts
Rent/mortgage		Child support	
Food		Child care	
Utilities (Does not include cable)		Court ordered payments	
Medical insurance			
Other: <input type="checkbox"/> Explain:		Other: <input type="checkbox"/> Explain:	
Subtotal:		Subtotal:	
		Grand monthly total:	

Additional comments:

Do you certify that the information you've provided today is true and correct to your knowledge and belief? Y N

Do you understand there are penalties for providing false information? Y N

Printed name: _____

Signature: _____

Date: _____