



Mail Date:
Letter ID:
CLM:
Name:

Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation - UCFE

1. Return to: UIA Address: P.O. Box 169 City, State, Zip: Grand Rapids, MI 49501-0169 Fax: 1-517-636-0427		2. Federal Agency (<i>from SF8 or SF50</i>) Name: DEPARTMENT OF JUSTICE Address: EQUIFAX WORKFORCE SOLUTIONS P.O. BOX 66945 City, State, Zip: ST. LOUIS, MO 63166-6945	
3.	4. Date of Request:	5. Social Security Number:	
6. Eff. Date of Claim (BYB):	7. Separation Date:	8. Birth Date:	

INSTRUCTIONS: Complete, USING BLACK INK ONLY, and return immediately.
(Failure to return this form could result in a determination being made based on available information.)

9. Affidavit of Federal Wage and Separation Information/Documentary Evidence
- a. Location of your Official Duty Station:
City: _____ State: _____ Other (Territory/Country): _____
- b. Enter your wages with the above named employer below. Show wages by quarter starting with the wages that you earned after 01-Jul-2017 up to the date you separated from this employer. Under the heading "Documentary Evidence", enter the source of the information provided and attach a copy. If additional space is needed to explain reason for separation, attach your signed explanation. Put your name and Social Security number on all attachments.

QUARTER ENDING	YEAR	GROSS WAGES	DOCUMENTARY EVIDENCE
09/30/17	2017	\$	<input type="checkbox"/> Pay Stubs <input type="checkbox"/> W-2 <input type="checkbox"/> SF-8 <input type="checkbox"/> SF-50
12/31/17	2017	\$	<input type="checkbox"/> Other
03/31/18	2018	\$	
06/30/18	2018	\$	
09/30/18	2018	\$	
		\$	
		\$	

(Continued on reverse side)

User ID _____	For UIA Use Only	Date ____/____/____
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TED is an Equal Opportunity Employer/Program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

c. **Severance Pay:** Did you receive, or are you entitled to receive, severance pay provided by Federal law or agency employment agreement? ☐ YES ☐ NO
If "YES," complete the following information:
Total Entitlement: \$ _____. Severance Pay Period beginning date: ____/____/____
Ending date: ____/____/____

d. **Pension:** Are you receiving, or are you entitled to receive, a pension from any branch of the Federal government?
Enter Gross Monthly Pension: \$ _____. Date of first receipt: ____/____/____ ☐ YES ☐ NO

e. **Reason for Separation:**

I understand that the penalties provided by law for an individual making false statements to obtain benefits are double the amount received if the benefit amount is less than five hundred dollars and quadruple the amount received if the benefit amount received is five hundred dollars or more, and that determinations based on an affidavit are not final; that determinations are subject to correction upon receipt of wage and separation information from the Federal agency, that benefit payments made as a result of such determination may have to be adjusted on the basis of information from the Federal agency; and that any amount overpaid will have to be repaid or offset against future benefits. I swear or affirm that the above statements are true and correct to the best of my knowledge and belief.

10. Your Signature _____

Date ____/____/____

If you have any questions regarding this form, contact the UIA Inquiry Line at 1-866-500-0017 (TTY customers use 1-866-366-0004).



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