



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
DIRECTOR

Inquiry for Benefits of a Deceased or Mentally Incompetent Claimant

The Decedent Mentally Incompetent Individual, _____,
First Name, Middle Initial, Last Name

has died been declared mentally incompetent on _____.
Date of Death or Declaration of Mental Incompetence

I, _____, would like to receive payment for eligible weeks of unemployment
Print Name
benefits on his/her behalf.

Social Security Number of the deceased or mentally incompetent individual:

I am the decedent's:

- Spouse
- Adult Child
- Legal Guardian
- Beneficiary under a Will dated _____
- Power of Attorney, Fiduciary or Representative of _____
- Other _____
Please specify

Check the box(es) for each document you are providing to the Unemployment Insurance Agency:

- Declaration of Mental Incompetence
- Marriage License
- Birth Certificate
- Death Certificate
- Other _____
- Power of Attorney

I certify that the information that I have provided is true and correct to the best of my knowledge and belief. I understand that there are penalties of fines and/or imprisonment and/or community service for false or incomplete statements in accordance with Sections 54 and 62(b) of the Michigan Employment Security Act.

Print Name: _____ Date: _____

Address _____
City State Zip Code

Signature _____

Telephone Number _____

Return this completed Form along with a copy of the Death Certificate, Power of Attorney or other legal documentation showing that you are entitled to act on behalf of the above-named claimant. Return this documentation by fax to 1-517-636-0427, by mail to UIA, P.O. Box 169, Grand Rapids, MI 49501-0169, or in person at a Local Office. To find a Local Office near you, go online to www.michigan.gov/uia and click on the Local Office link at the top of the page. If you have any questions, call the Benefit Overpayment Collections Unit at 1-866-500-0017. TTY service is available at 1-866-366-0004.



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