

Pandemic Unemployment Assistance (PUA)

PUA-5

Request for

RECONSIDERATION or APPEAL

Claimant's Name _____

SSN # _____

EXPLANATION: With this form, you can request for a reconsideration or an appeal on a determination on your Pandemic Unemployment Assistance claim for benefits.

Reconsideration is based on, and specifically refer to relevant and significant new information that was not submitted or available at the time of the initial application lodged or when the earlier decision made by the Office for Pandemic Unemployment Assistance. The Office of the Pandemic Unemployment Assistance will review its prior determination and consider any relevant and significant new information.

Appeal means that the FSM Department of Finance and Administration will hold an independent administrative hearing considering all relevant testimony, documents, and evidence to determine if the determination by the Office of the Pandemic Unemployment Assistance was correct.

I am requesting (check the appropriate block)

Reconsideration

Appeal

Name of Employer (if applicable)	Claimant's Signature and Date
Address	Address
Village, State	Village, State
Phone	Phone

FOR OFFICE USE ONLY

Case File number _____

Appeal filed in person _____ Office

Appeal filed by email _____

Appeal filed by mail postmarked _____ and received _____

CLAIMANT RECONSIDERATION

CLAIMANT APPEAL

EMPLOYER APPEAL

COMMENTS: _____

Date: _____ Signed: _____