

Pandemic Unemployment Assistance (PUA)

PUA-5

REQUEST FOR APPEAL

or

RECONSIDERATION

Claimant's Name

SSN #

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

Appeal means that the FSM Department of Finance and Administration will hold an administrative hearing and consider all relevant testimony, documents, and evidence to determine if the determination was correct.

Reconsideration means that personnel of the Office for Pandemic Unemployment Assistance (OPUA) will review its prior determination and consider any new information you provide. If OPUA does not issue a new determination, the application for Reconsideration and Appeal will be treated as an appeal.

I am requesting (check the appropriate block) ☐ Appeal ☐ Reconsideration ☐ Both for the following reason:

Name of Employer (if applicable)

Claimant's Signature and Date

Address

Address

Village, State

Village, State

Phone

Phone

FOR OFFICE USE ONLY

Appeal filed in person _____ Office

Appeal filed by email _____

Appeal filed by mail postmarked _____ and received _____

☐ EMPLOYER APPEAL

☐ CLAIMANT APPEAL

COMMENTS: _____

Date: _____ Signed: _____