STATE OF MARYLAND
DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE

REQUEST FOR WAIVER OF RECOUPMENT OF OVERPAYMENT OF FEDERAL PANDEMIC UNEMPLOYMENT INSURANCE BENEFITS

This Request for a Waiver of Overpayment Recovery ("Waiver") of Pandemic Unemployment Assistance ("PUA") and Pandemic Unemployment Emergency Compensation ("PEUC"), federal pandemic unemployment compensation (FPUC), and/or Mixed Earner Unemployment Compensation (MEUC) benefits (collectively "federal pandemic benefits") must be made within thirty (30) days from the date of the original overpayment notice or the date on which the Maryland Department of Labor notified you of your right to request a Waiver, whichever is later. You can show good cause for failure to meet the 30-day requirement.

The Maryland Department of Labor has a separate overpayment Waiver request form for other unemployment insurance programs, including regular unemployment insurance, Unemployment Compensation for Ex-servicemembers ("UCX"), Unemployment Compensation for Federal Employees ("UCFE"), Work Sharing, and Extended Benefits.

In assessing Waiver requests for federal pandemic benefits overpayments, the Maryland Department of Labor must determine that: (1) the overpayment was not the claimant's fault, and (2) repayment would be contrary to equity and good conscience.

When assessing the second requirement regarding equity and good conscience, the Maryland Department of Labor must consider the following factors: (a) it would cause the claimant financial hardship, (b) recovery could be unconscionable under the circumstances, or (c) the claimant can show (regardless of their financial circumstances) that due to the notice that such federal pandemic benefits payment would be made or because of the incorrect federal pandemic benefits payment, either they have relinquished a valuable right or changed positions for the worse.

With respect to the first factor, the Maryland Department of Labor looks at the claimant's ability to pay now and in the foreseeable future or whether they are a part of a household that is below the federal minimum poverty level and likely to remain there for the foreseeable future. The following is a chart of the current Department of Housing and Human Services poverty guidelines:

Current HHS Poverty Guidelines			
Persons in Family	**48 Contiguous States and D.C.**	**Alaska**	**Hawaii**
1	$12,490.00	$15,600.00	$14,380.00
2	$16,910.00	$21,130.00	$19,460.00
3	$21,330.00	$26,660.00	$24,540.00
4	$25,750.00	$32,190.00	$29,620.00
5	$30,170.00	$37,720.00	$34,700.00
6	$34,590.00	$43,250.00	$39,780.00
7	$39,010.00	$48,780.00	$44,860.00
8	$43,430.00	$54,310.00	$49,940.00
For each additional person above 8, add:	$4,420.00	$5,530.00	$5,080.00

If you meet the above criteria, please complete the following to request a Waiver of your federal pandemic benefits overpayment.

Claimant's Name	
S.S. No.	
Street Address	
City, State, Zip	
Telephone Number	
Email Address	

AFFIDAVIT OF CURRENT INCOME AND LIVING EXPENSES

Average Monthly Household Income

1. Your Current monthly gross income:_____
   Please provide copies of your two (2) most recent pay stubs.

   Your highest level of education or vocational training completed:_____

2. Your spouse's current monthly gross income:_____
   Please provide copies of your spouse's two (2) most recent pay stubs.

   Spouse Name:_____

   Spouse Social Security Number:_____

3. List names, ages, and Social Security Numbers for all dependents residing in your home (attach additional pages as necessary):
   Name:_____ Age:_____

   SSN:_____ Monthly Gross Income:_____

   Name:_____ Age:_____

   SSN:_____ Monthly Gross Income:_____

   Name:_____ Age:_____

   SSN:_____ Monthly Gross Income:_____

   Name:_____ Age:_____

   SSN:_____ Monthly Gross Income:_____

Waiver Request

In order for the request for waiver to be approved, you must show that (a) it would cause you financial hardship, (b) recovery would be unconscionable under the circumstances, or (c) because you expected a federal pandemic benefits payment or received an incorrect federal pandemic benefits payment, you gave up a valuable right or changed positions for the worse (in other words, you relied on the federal pandemic benefits payment when making a decision). Please use the space provided below or an attached sheet to indicate what conditions exist that qualify you for a waiver of your federal pandemic benefits overpayment. If the reason is due to medical complications, please enclose a medical statement.

Financial Statement

Other monthly gross income - *Please list all income from each of the below categories and provide proof for each:*

Social Security	
Pension and/or Retirement	
Severance	
Disability	
Unemployment Compensation	
Alimony	
Child Support	
TANF/Food Stamps	
Other Income (please list)	
TOTAL INCOME AND ASSETS	

Monthly Expenses – *Please list your monthly expenses below and provide supporting documentation (i.e., copies of bills or rental agreements) for each:*

Mortgage/Rent	
Second Mortgage	
Water	
Gas	
Electric	
Cable	
Internet	
Medical/Dental	
Telephone	
Transportation (Car Payment, fuel, bus, etc.)	
Food	
Child Care	
Student Loan(s)	
Credit Card(s)	
Home/Renter's Insurance	
Auto Insurance	
Health Insurance	
Life Insurance	
Court ordered support paid out	
Other (please specify)	
TOTAL EXPENSES	

Bank Accounts - *Please list all banks or financial institutions at which you have an account. Attach any additional bank accounts on a separate page.*

Name of Bank/Financial Institution:______________________

Bank/Financial Institution Address:______________________

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number:________________________ Value of Account:________________________________

Name of Bank/Financial Institution:______________________

Bank/Financial Institution Address:______________________

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number:________________________ Value of Account:________________________________

Name of Bank/Financial Institution:______________________

Bank/Financial Institution Address:______________________

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number:________________________ Value of Account:________________________________

Name of Bank/Financial Institution:______________________

Bank/Financial Institution Address:______________________

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number:________________________ Value of Account:________________________________

CERTIFICATION AND SIGNATURE

I understand that failure to answer the questions on this form truthfully may be considered unemployment insurance fraud. I hereby certify that my answers to the questions on this form are true and correct.

I AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE INCOME, EXPENSES, AND INFORMATION LISTED ON THIS FORM ARE ACCURATE AND CORRECT.

Claimant's Signature:______________________________ Date:______________________

When you have completed this form, please send it and all attachments you wish to present by email to ui.overpaymentinquiry@maryland.gov or by mail to the address below:

Maryland Department of Labor
ATTN: Benefit Payment Control
1100 North Eutaw Street, Room 206
Baltimore, MD 21201
(410) 767-2404

MAIL COMPLETED FORM TO THE ABOVE ADDRESS WITHIN 30 DAYS FROM THE DATE OF THE ORIGINAL OVERPAYMENT NOTICE OR THE DATE ON WHICH THE DEPARTMENT NOTIFIED YOU OF YOUR RIGHT TO REQUEST A WAIVER, WHICHEVER IS LATER.