



## NEW HAMPSHIRE EMPLOYMENT SECURITY REQUEST FOR WAIVER OF OVERPAYMENT



*Failure to provide the information requested in this application will result  
in the denial of your request to waive your overpayment.*

**STEP #1. Please provide the following information so that we know who is requesting a waiver of an overpayment. Please be mindful, the department will only be able to consider this request if all of the requested information is provided:**

Claimant Name: \_\_\_\_\_ Last 4 of your Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Tel/Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**STEP #2. Please answer the following questions in the spaces provided:**

1. Please explain why you believe you were not at fault in causing the overpayment:

2. Please explain why you believe it would be unfair for you to have to repay the overpayment:

3. Please provide any additional details about your current circumstances not included in your Financial Affidavit that you would like NHES to take into account in considering this request.

**STEP #3. Please fill out a FINANCIAL AFFIDAVIT.** This document can be found by going to [www.unemploymentbenefits.nh.gov](http://www.unemploymentbenefits.nh.gov) and clicking on OVERPAYMENT INFORMATION.

**STEP #4. Review and confirm the following:**

I hereby request a waiver of my overpayment. I affirm that the income and expenses identified in any Financial Affidavit I have submitted in support of this request for waiver are accurate and correct. I understand that in order to be considered for a waiver of my overpayment, I must return the completed and signed application along with a completed and signed financial affidavit. I understand that failure to provide the information requested in this application will result in the denial of my request to waive my overpayment.

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP #5. Submit your WAIVER REQUEST along with your FINANCIAL AFFIDAVIT by attaching them to an e-mail and sending to OVERPAYMENTS@NHES.NH.GOV**

If you are unable to submit by e-mail please mail paper copies to:

NHES CONTRIBUTIONS  
45 SOUTH FRUIT STREET  
CONCORD, NH 03301