

INSTRUCTIONS FOR COMPLETING UC-9A AND OBTAINING EMPLOYER CERTIFICATIONS

COMPLETING UC-9A REFUND FORM

1. TYPE or PRINT* your Social Security Number and your exact name and address at the top of the claim.
2. SIGN and DATE the refund claim.
3. TYPE or PRINT the exact name and location of all your employers who made deductions for Unemployment Insurance, New Jersey Health Care Subsidy Fund, Workforce Development Partnership Fund and Disability Insurance from your 2000 wages and state the total amount of wages from which the deductions were made.

***LEGIBLE INFORMATION WILL ENSURE PROPER REIMBURSEMENT**

Your refund claim must also be accompanied by a certification of the deductions made by each of your employers listed on your claim.

Certification of your wages and deductions can be obtained through one of the following:

1. Have your employer complete form UC-52, "Employer Certification of Wages and Deductions for Unemployment Insurance, New Jersey Health Care Subsidy Fund, Workforce Development Partnership Fund and Disability Insurance."
- OR**
2. Furnish a copy of your W-2 Tax Statement provided the form shows the amounts withheld as worker contributions for Unemployment Insurance, Health Care Subsidy Fund, Workforce Development Partnership Fund and Disability Insurance.

Mail the completed original UC-9A form together with ALL of your employer certifications to the Division of Employee Accounts, Worker Refund Unit "00", PO Box 076, Trenton, New Jersey 08625-0076.

After your claim has been received it will be audited and verified. However, no refunds will be issued prior to August 30, 2001 as claims must be crossmatched with Gross Income Tax records to avoid the possibility of issuing duplicate credits and/or refunds. Please allow 6-8 weeks processing time.

If you have any questions concerning your claim you may write to the above address or call (609) 292-0083. In communicating with this Agency concerning your claim, be sure to refer to your Social Security Number.

NOTE: IF THE AMOUNT DEDUCTED BY ANY ONE EMPLOYER EXCEEDS THE MAXIMUM FOR EITHER UNEMPLOYMENT INSURANCE, HEALTH CARE SUBSIDY FUND, WORKFORCE DEVELOPMENT PARTNERSHIP FUND OR DISABILITY INSURANCE, YOU SHOULD CONTACT THAT EMPLOYER FOR A REFUND OF THE BALANCE OF THE DEDUCTION.